

Name
in
Full

CERTIFICATE OF DEATH

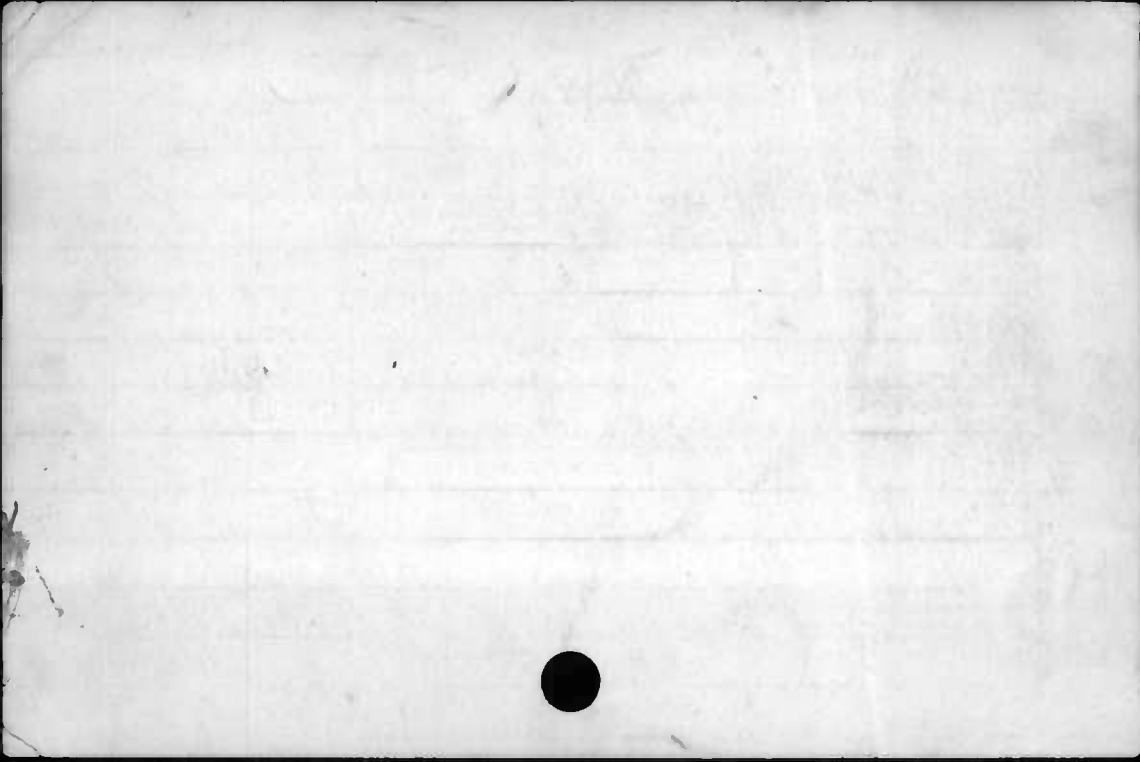
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Ladestown</i>		Town		County		MARYLAND	
Date of death	1906	Month	3	Day	7	Age	—
Sex	Male	Color or Race	White	Birthplace	Ladestown	Months	5
Occupation	—			Where Residing if not at place of death			
Married Single		Name of Wife or Husband					
Father's Name		<i>Hermon A. Heath</i>				Father's Birthplace	
Mother's Maiden Name		<i>Anna M. Heath</i>				Mother's Birthplace	
Name of person giving information		<i>Dr. A. Shoyet</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Broncho-Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Lucy Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Brunswick* Town*Frederick* CountyDate of death *1906* Month *Mar*Day *7*Age *27* Years

Months

Days

Sex *Female*Color or Race *white*Birth-place *W. Va.*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *married*Name of Wife or
Husband *James G. Allen*Father's Name *Dennis Whitney*Father's Birthplace *md*Mother's Maiden Name *Mary Rider Brown*Mother's Birthplace *W Va*Name of person giving
Information *James G. Allen*How related
to deceased *Husband*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 year

Immediate

"

How long

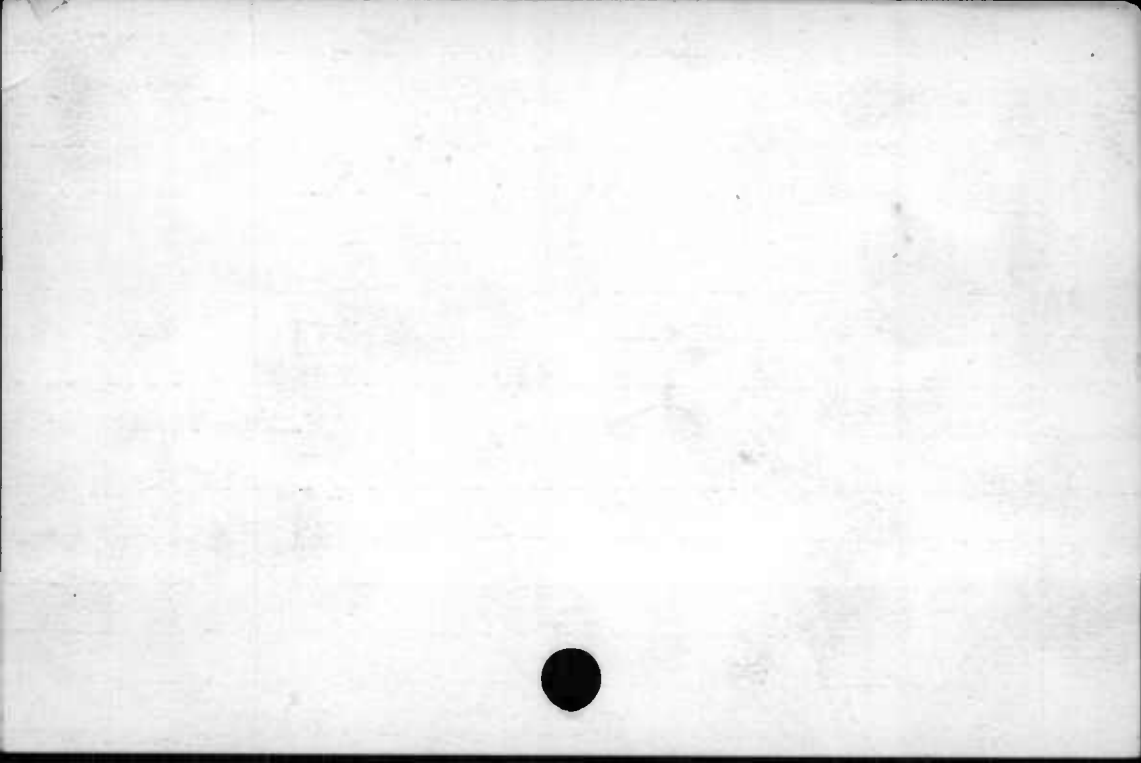
*1 mo*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*A. G. Horine*

Address

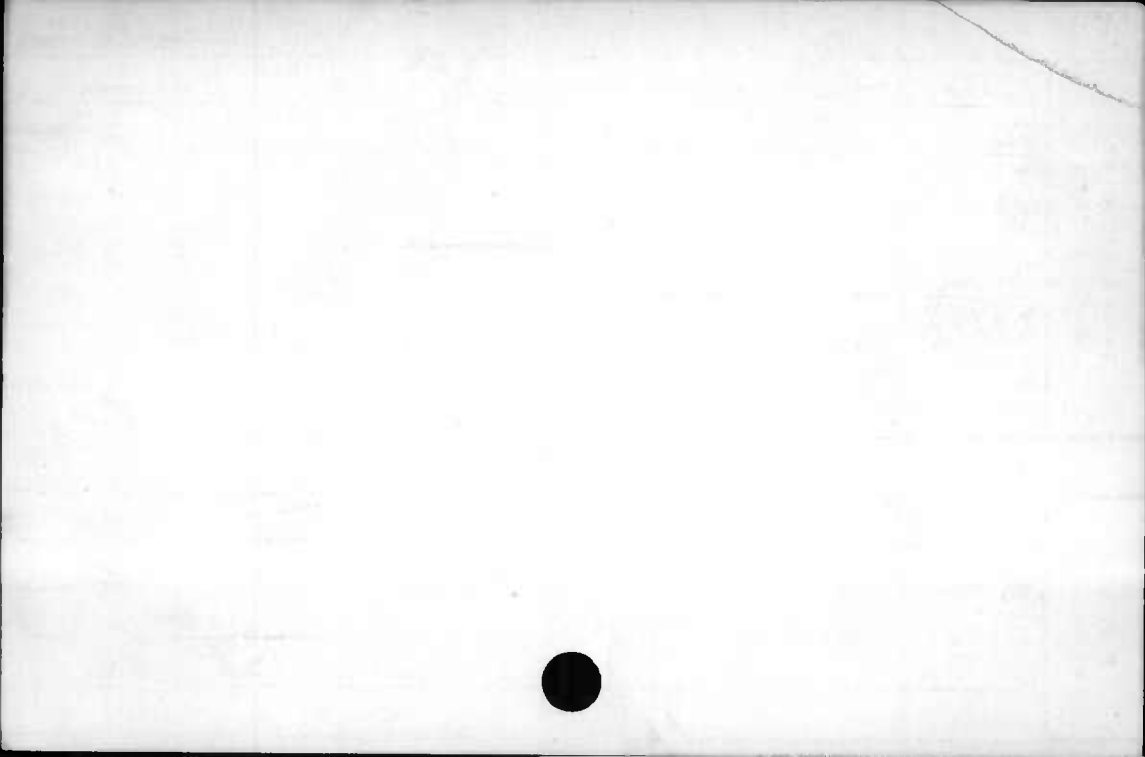
Brunswick

Accident or Suicide?

no



Name in Full		Margaret E. Ashford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Brentsville	County Frederick		MARYLAND	
	Date of death	1906	Month March	Day 21	Age 85	Years 6	Months —
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband John Ashford			
	Father's Name	John Frozier			Father's Birthplace	Ind	
	Mother's Maiden Name	Mary Haversworth			Mother's Birthplace	Ind	
	Name of person giving Information	Mrs. Isaac Wilson			How related to deceased	Grand daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Old age			How long	
	Immediate		Cancer			How long 2 weeks	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Lester West			
				Address Brewersville Frederick Co			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

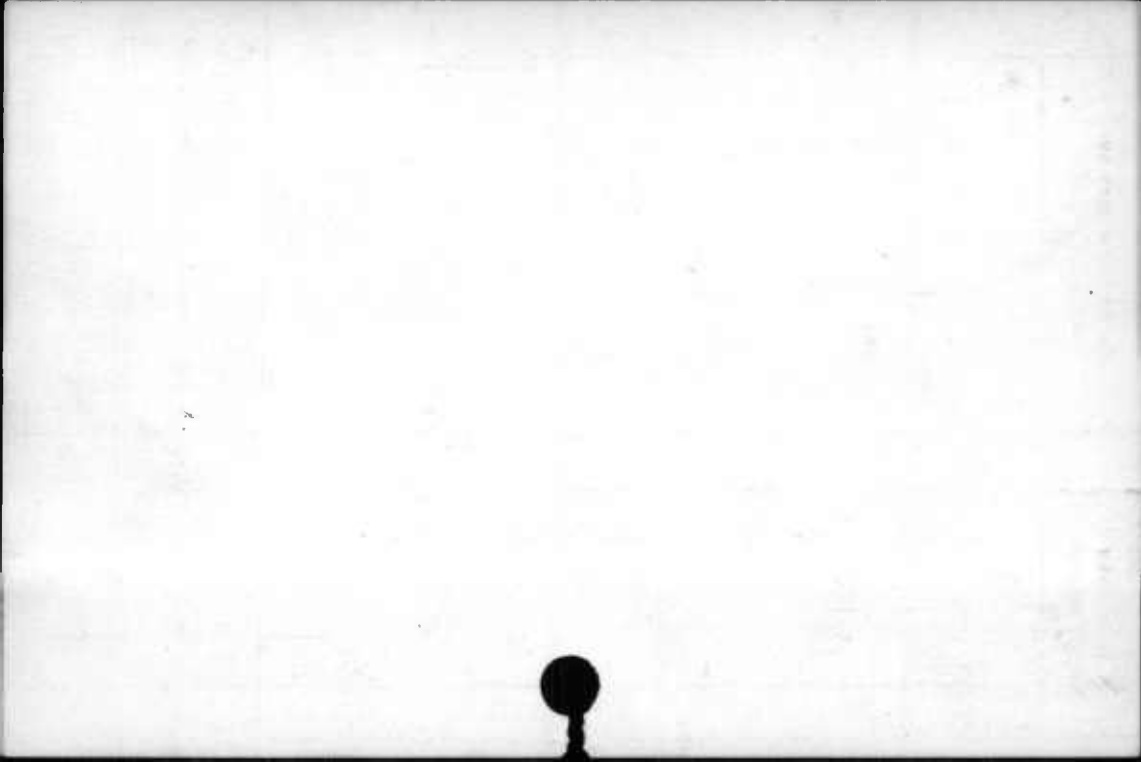
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Catherine Bennett</i>		Town <i>Thurmont</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>Mar</i>		Day <i>25</i>	
Age <i>88</i>		Years <i>88</i>		Months <i>8</i>		Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredk Co</i>			
Occupation <i>Nothing</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Burtis Bennett</i>					
Father's Name <i>Henry Young</i>				Father's Birthplace <i>Fredk Co Md</i>			
Mother's Maiden Name <i>Mary Heatherman</i>				Mother's Birthplace <i>Fredk Co Md</i>			
Name of person giving information <i>Eliza Young</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Mania</i>	How long	<i>4 years</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. G. Referson</i>	
<i>yes</i>		Address <i>Thurmont, Md.</i>	
Accident or Suicide? <i>✓</i>			



Name
in
FullEliza Ann ~~Haynes~~ ^{Biggs}

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Frederick

Town

County

Date

of death 1906

Month

March

Day

5

Age

Years

68

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Smithsburg

Occupation

House Keeper

Where Residing if not
at place of death

E Patrick St.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm Biggs

Father's
Birthplace

Frederick

Mother's
Maiden Name

Elizabeth Jigg

Mother's
Birthplace

" "

Name of person giving
Information

L. L. Cary

How related
to deceased

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Do not know

Immediate

Broncho - Pneumonia

How long

Ten days.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. P. Johnson
Frederick
Md

Accident or Suicide?

PHYSICIAN
OR CORONER

Mt Olinet Secretary

3/7 06

Harry

Name
in
Full

Beth Victoria Bowers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thurmont</u> Town		<u>Fredricks</u> County		MARYLAND	
Date of death	1906	Month	3 4	Day	6
		Age	2	Years	4
				Months	6
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Fredricks Co</u>
Occupation	_____		Where Residing If not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name	<u>Lemuel Bowers</u>			Father's Birthplace	<u>Lewis County</u>
Mother's Maiden Name	<u>Flora V. Michael</u>			Mother's Birthplace	<u>17</u>
Name of person giving information	<u>Lemuel Bowers</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(64)	How long	
Immediate	<u>Central Congestion & Paralysis</u>	How long	<u>13</u> <u>hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>~</u>	Signature of Physician	<u>Morris A. Biehl</u>
		Address	<u>Thurmont</u>
Accident or Suicide?	<u>~</u>		<u>Ches</u>



Name
in
Full

Ezra Brown

CERTIFICATE OF DEATH

MARYLAND

Died at *near Garfield* Town*Fred* CountyDate
of death *1906*Month
*3*Day
*8*Age
74

Years

Months
*-*Days
*-*Sex *Male*Color or
Race *White*Birth-
place *Monterey*

Occupation

*Farmer*Where Residing if not
at place of death*near Garfield*Married, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband*Ezra Brown*Father's
Name*Sam Brown*Father's
Birthplace*MD. Prince*Mother's
Maiden Name*Mary Town*Mother's
Birthplace*MD. Prince*Name of person giving
information*J. H. Brown*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Uræmia

How long

8 Days

Immediate

Debility + old age

How long

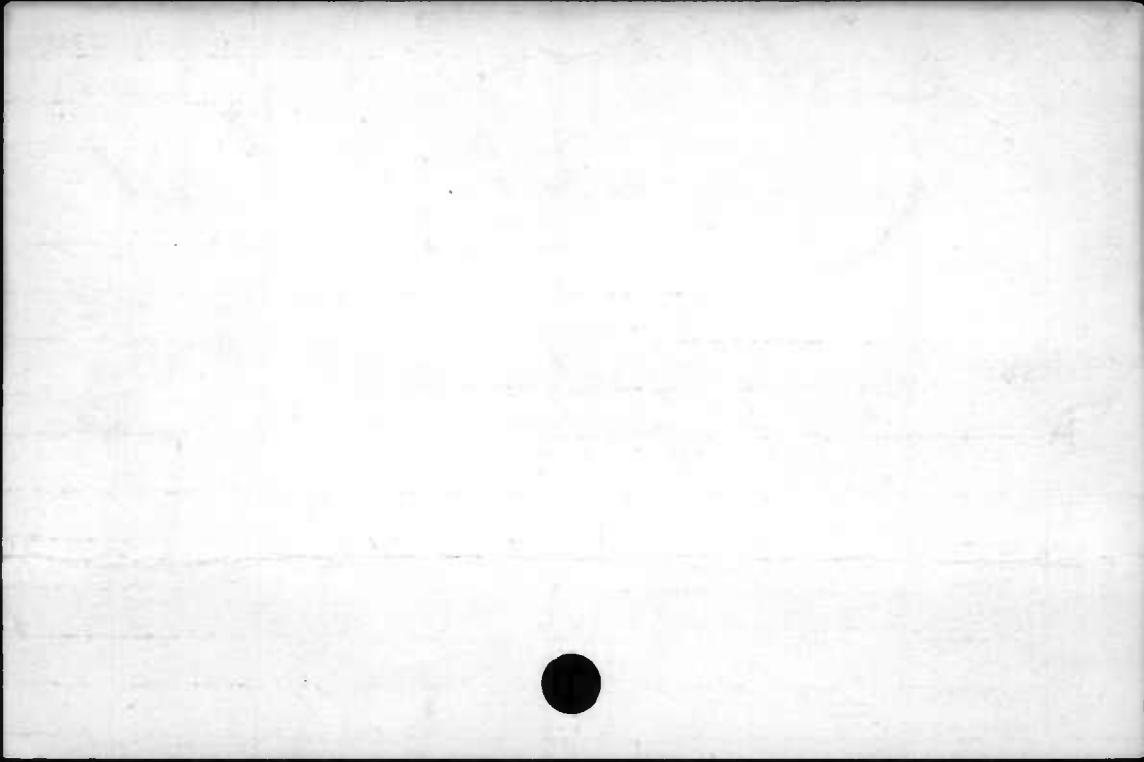
*18 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. J. Jarboe
Smithsburg Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

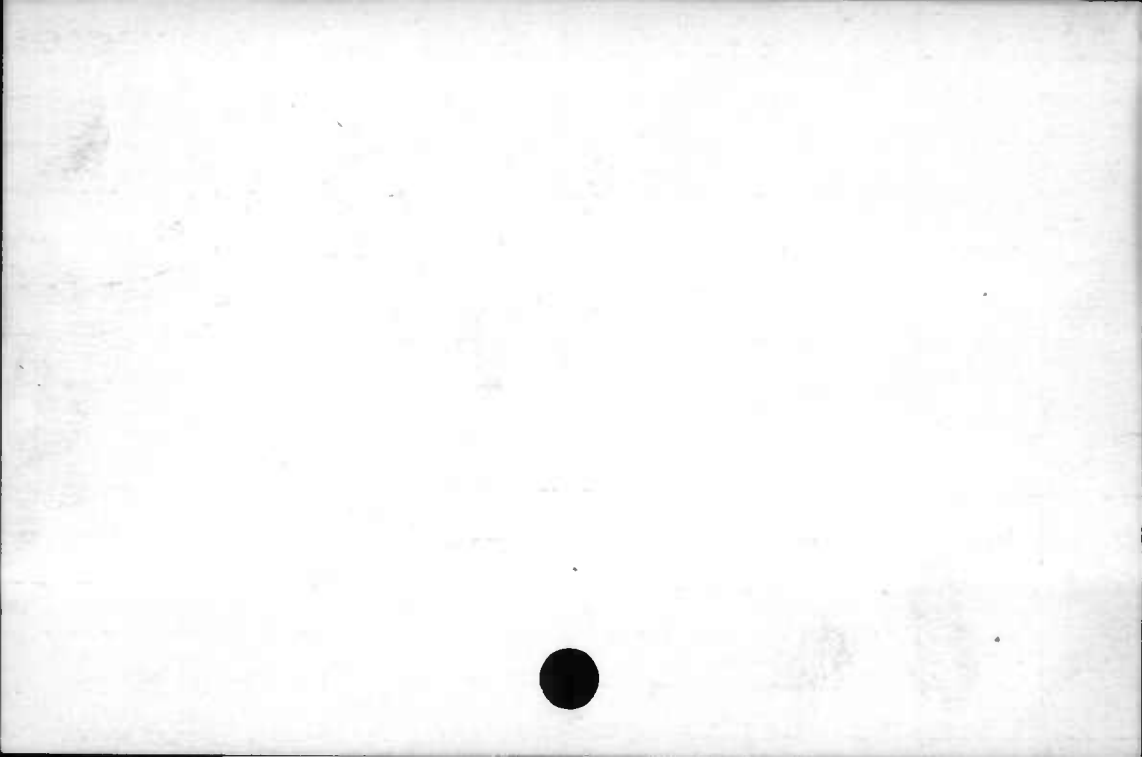
Died at <i>Emmitsburg</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1906	Month	3	Day	30
Age	6	Years	6	Months	3
Sex	male	Color or Race	White	Birth-place	Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Jacob St. Byers		
Mother's Maiden Name			Emma J. Ballinger		
Name of person giving information			J. St. Byers		
Father's Birthplace			Md		
Mother's Birthplace			Pa		
How related to deceased			Father		

CAUSES OF DEATH

19

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal Diphtheria</i>	How long	<i>Four days</i>
Immediate	<i>Paralysis of Respiration</i>	How long	<i>hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>H. E. Stone</i>	
		Address	
		<i>Emmitsburg</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Walter Alexandria Carr

Died at ^{Town} Mountville ^{County} Frederick

MARYLAND

Date of death 1906 ^{Month} Mar ^{Day} 2 ^{and} ^{Years} 14 ^{Months} ^{Days} 22Sex male ^{Color or Race} colored. ^{Birth-place} Maryland.^{Married, Single or Widowed} Single ^{Occupation} laborer.^{Name of Wife or Husband}^{Father's Name} Moses Carr.^{Father's Birthplace}^{Mother's Maiden Name} Beckey Kerbert^{Mother's Birthplace}^{Name of person giving information} George Nicholas^{How related to deceased} Uncle

CAUSES OF DEATH

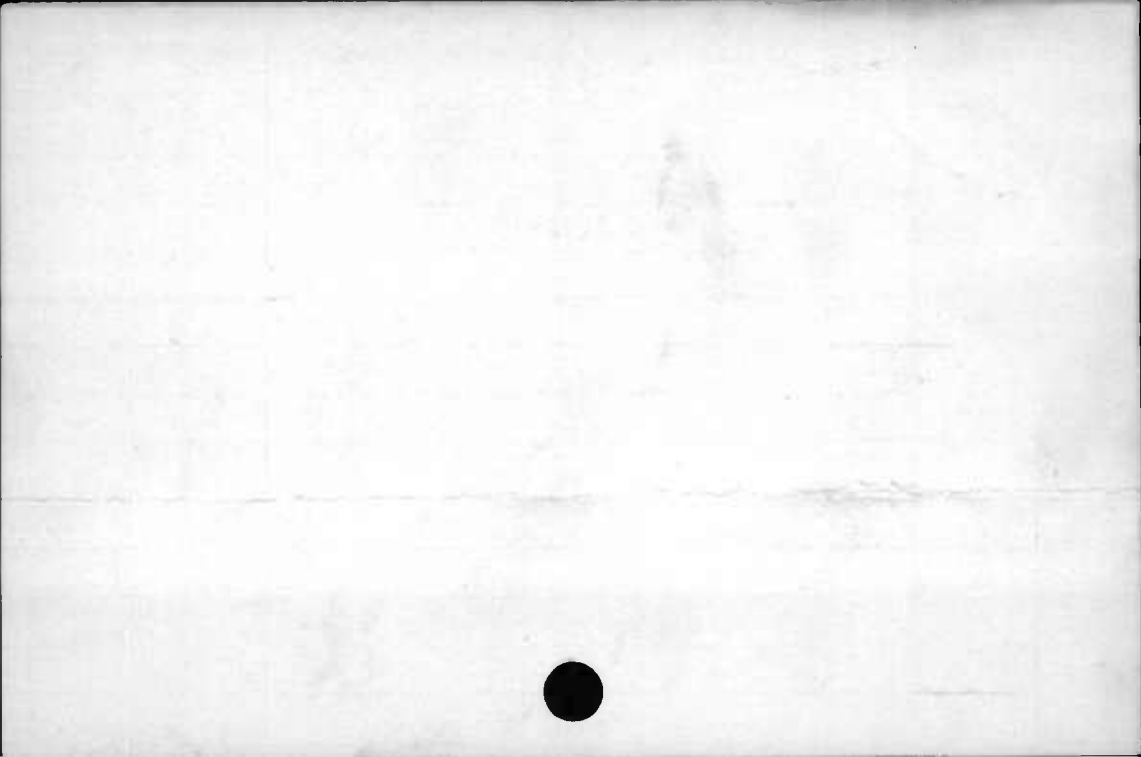
^{Primary} Pneumonia^{How long} 14 da.^{Immediate} Crampy colitis^{How long} 4 da.

Are the name, age, sex, color, date and place correctly given above?

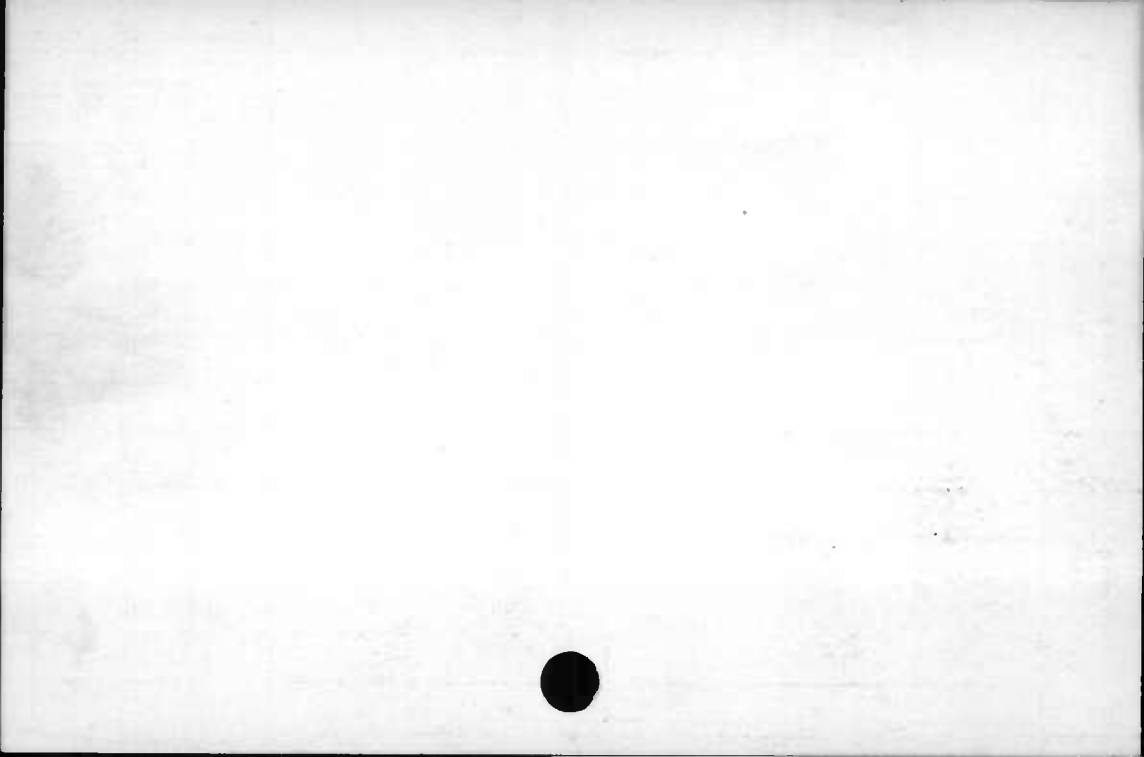
^{Signature of Physician}^{Address}Jos G. Thomas,
Adamstown,
Maryland.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		MARGARET ANN CECIL No. 12,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>New Market</i>		^{County} <i>Frederica</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>27</i>	Age <i>78</i>	Months <i>1</i>	Days <i>18</i>
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
		Occupation _____			Where Residing If not at place of death _____		
		Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Samuel Cecil</i>			
PHYSICIAN OR CORONER		Father's Name <i>William Cecil</i>		Father's Birthplace <i>Maryland</i>			
		Mother's Maiden Name <i>Lydia Fraster</i>		Mother's Birthplace <i>Maryland</i>			
		Name of person giving information <i>Thomas J. Cecil</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Fracture of neck of femur</i>				How long <i>5 weeks</i>	
		Immediate <i>Exhaustion</i>				How long _____	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>H. H. Hopkins Jr</i>	
						Address <i>New Market</i>	
		Accident or Suicide? <i>accident</i>				<i>Fredk. Co. Maryland</i>	



Weedon Clary

Town

County

Died at

Woodville

Frederick Md.

MARYLAND

Date

1906 March 4

Age

76 8 6

Native of

Ma

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Sarah E Clary

Daniel Clary

Mother's

Name

Mary A Weedon

Cause of

Primary

Asphyxiation

How long sick

11 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

D. M. Devilliss Md

Address

Woodville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Louisa Catharine Clemson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

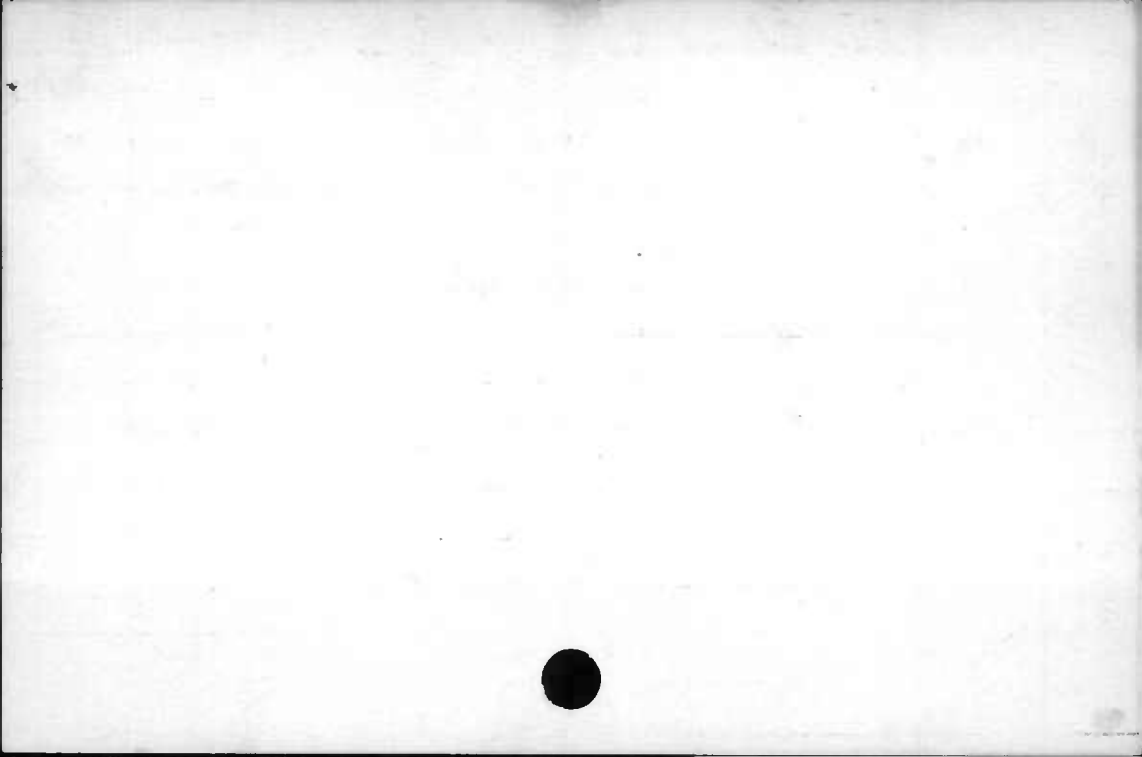
MARYLAND

Died at <i>near Frederickville</i>		Town <i>Frederick</i>		County	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Co</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband			
Father's Name <i>Walter Clemson</i>				Father's Birthplace <i>Co</i>	
Mother's Maiden Name <i>Mrs. Buckner</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>D. A. Straneths</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<div style="border: 2px solid black; border-radius: 50%; width: 80px; height: 80px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 74 </div>	How long
Immediate <i>Nervous Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Celine</i>	
	Address <i>Dr. J. H. Miller, Frederick, Md.</i>	
Accident or Suicide?		



Name
in
Full

Dorothy Clinie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Indersuch* TownCounty *Indersuch*Date
of death *1906*Month
*3*Day
29

Age

Years
*30*Months
*—*Days
—

Sex

*Female*Color or
Race*White*Birth-
place*Chambersburg, Pa*Occupation
*—*Where Residing If not
at place of death
*—*Married, Single
or WidowedName of Wife or
Husband*Mr Clinie*Father's
Name*— Bluggen*Father's
Birthplace*Chambersburg Pa*Mother's
Maiden NameMother's
BirthplaceName of person giving
information*Miss Alvin Harris*How related
to deceased*None*

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Immediate

Compression Brain

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Mable Buchanan Smith*

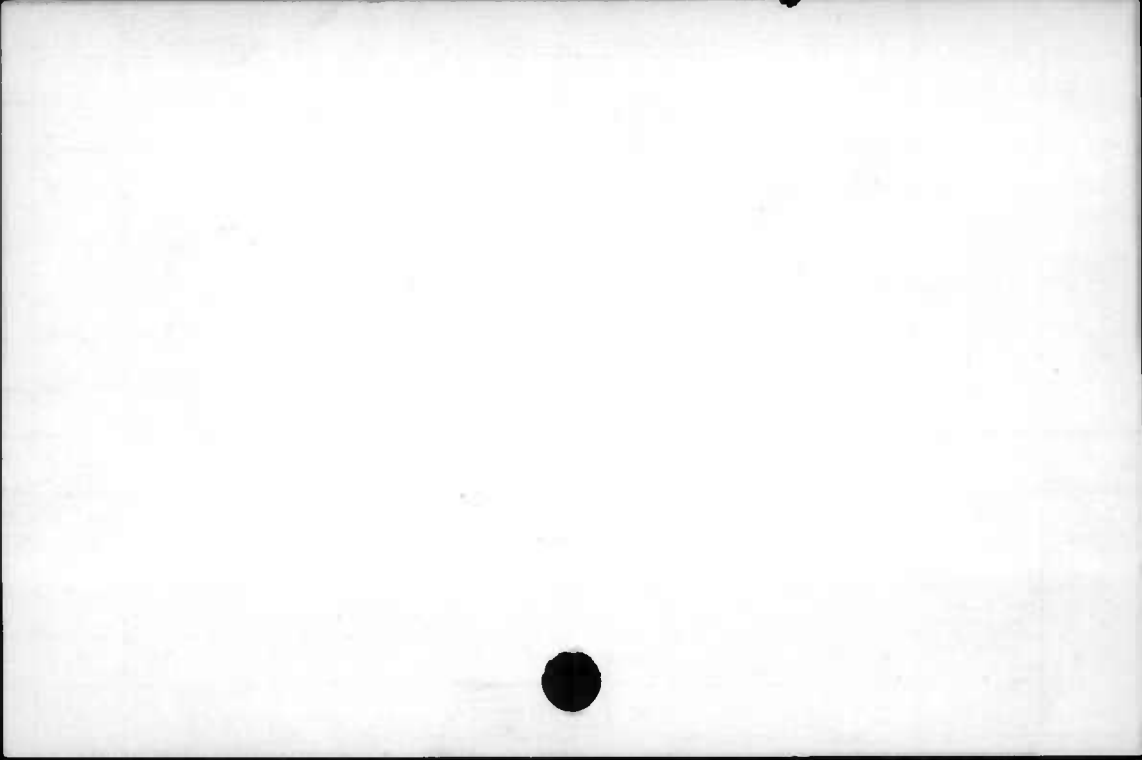
Address

Indersuch, Md.

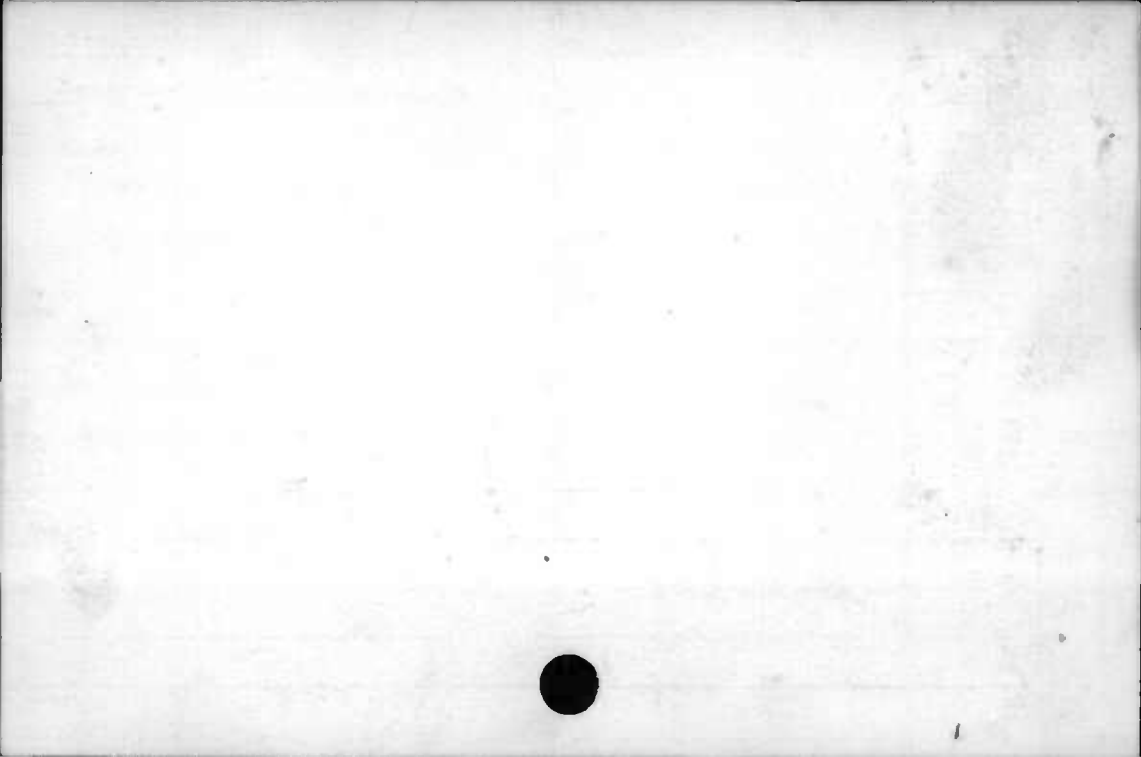
Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick Md</i>		County <i>Frederick</i>			
		Town		County			
		Date of death <i>1906</i>	Month <i>3</i>	Day <i>28</i>	Age <i>1</i>	Months <i>—</i>	Days <i>9-</i>
		Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Frederick Md</i>		
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
		Father's Name <i>Oscar Coblentz</i>		Father's Birthplace <i>Frederick Co.</i>			
		Mother's Maiden Name <i>Lola. Gaver</i>		Mother's Birthplace <i>Frederick Co.</i>			
Name of person giving Information <i>Father</i>		How related to deceased <i>—</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Acute Intermittent</i>		How long <i>6 weeks</i>			
		Immediate <i>Asphyxia</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. P. Fahrney M.D.</i>			
				Address <i>Frederick Md</i>			
		Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died ⁱⁿ <u>Freagerstown Dist</u> ^{Town}		<u>Frederick</u> ^{County}	
		Date of death <u>1906</u> ^{Month} <u>Mar</u> ^{Day} <u>12</u>		Age <u>59</u> ^{Years} <u>one</u> ^{Months} <u>Five</u> ^{Days}	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Laborer</u>		Birthplace <u>Virginia</u>	
		Married, Single or Widowed <u>Married</u>		Where Residing if not at place of death <u>At place of death</u>	
		Name of Wife or Husband <u>Mary Elizabeth De Berry</u>			
		Father's Name <u>Don't know</u>		Father's Birthplace <u>Don't know</u>	
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>Don't know</u>			
Name of person giving information <u>Mary E. Colbert</u>		How related to deceased <u>Wife</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		How long	
		Immediate <u>Heart failure</u>		<u>179</u>	
		Are the name, age, sex, color, date and place correctly given above?		How long <u>15 minutes</u>	
		Signature of Physician <u>J. D. S. Young</u>		Address <u>Freagerstown, Md.</u>	
Accident or Suicide?		<u>Fredk Co.</u>			



Name
in
Full

Thomas E. Costello

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Liberty Town</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Mar</u>	Day	<u>1st</u>
Age		<u>63</u>	Years	Months	<u>9</u>
Sex		<u>male</u>	Color or Race	<u>White</u>	Birth-place
Occupation		<u>Coachman</u>		Where Residing if not at place of death	
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband		
Father's Name	<u>Edward Costello</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Julia Deady</u>			Mother's Birthplace	<u>Ireland</u>
Name of person giving information	<u>Catherine Rordan</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Phthisis</u>	How long	<u>27</u> <u>7 or 8 years</u>
Immediate	<u>C. Lausion</u>	How long	<u>10 da</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Thos. B. Stone</u>	
		Address	
		<u>Liberty Town</u>	
		<u>Md.</u>	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Summitburg* ^{Town} *Frederick* ^{County}Date of death *1906* ^{Month} *March* ^{Day} *17th* ^{Years} *80* ^{Months} *8* ^{Days}Sex *Male* Color or Race *White* Birth-place *Summitburg*Occupation *Farmer* Where Residing if not at place of death *=*Married, Single or Widowed *Widowed* Name of Wife or HusbandFather's Name *Andrew Cietio* Father's Birthplace *Summitburg*Mother's Maiden Name *Ann Green* *(115)* Mother's BirthplaceName of person giving information *Mrs M. Bennett* How related to deceased *4 Daughters*

CAUSES OF DEATH

Primary *Cancer Tubercle of Larynx Bone and* ^{Throat} How long *two years*Immediate *Paralysis of Brain* How long *one day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John B. Brannard*Address *Summitburg*

Accident or Suicide?



Name
in
FullBenjamin F. Danner ^{3/10/1906}

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
<i>1906</i>	<i>3</i>	<i>22</i>	<i>—</i>	<i>—</i>	<i>1 10</i>
Sex	Color or Race		Birthplace		
<i>Male</i>	<i>Black</i>		<i>City</i>		
Occupation	Where Residing if not at place of death				
<i>—</i>		<i>Same</i>			
Married, Single or Widowed	Name of Wife or Husband				
<i>Single</i>	<i>—</i>				
Father's Name	Father's Birthplace				
<i>Wm. Danner</i>	<i>City</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Florence Johnson</i>	<i>"</i>				
Name of person giving information	How related to deceased				
<i>Isabella Onley</i>	<i>S. Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cold etc</i>	How long	<i>(93)</i>
Immediate	<i>Pneumonia</i>	How long	<i>10 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>None in attendance</i>	
		Address	
		<i>Thomas P. Rice</i>	
		<i>Funeral Director</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Knockville</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>4</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Virginia Cleveland Danner</i>						
Father's Name <i>John Danner</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Julia Ann Arnold</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Virginia C. Danner</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's</i>	How long <i>120</i>	How long <i>6 mo</i>
Immediate <i>Heart failure on Bright's</i>	How long <i>1 minute</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Levin H. H. H.</i>	Address <i>Breunswick Ind</i>
		<i>Frederick Co</i>
Accident or Suicide?		



Name
in
Full

Richard Davis

CERTIFICATE OF DEATH

Died at		Mar 31 1906		Frederick County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Mar	31	Age 77	7		
Sex	Male	Color or Race	White	Birth-place	unknown		
Occupation	Retired		Where Residing if not at place of death		Frederick		
Married Single	Widowed		Widowed Husband		Richard Davis		
Father's Name	George Davis				Father's Birthplace	unknown	
Mother's Maiden Name	Hyatt				Mother's Birthplace	Montgomery Co	
Name of person giving information	James Davis				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Meningitis	(64)	How long	Gradual
	Immediate	Neuropgia		How long	Three days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. B. Johnson MD	
			Address	Mannick Md	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

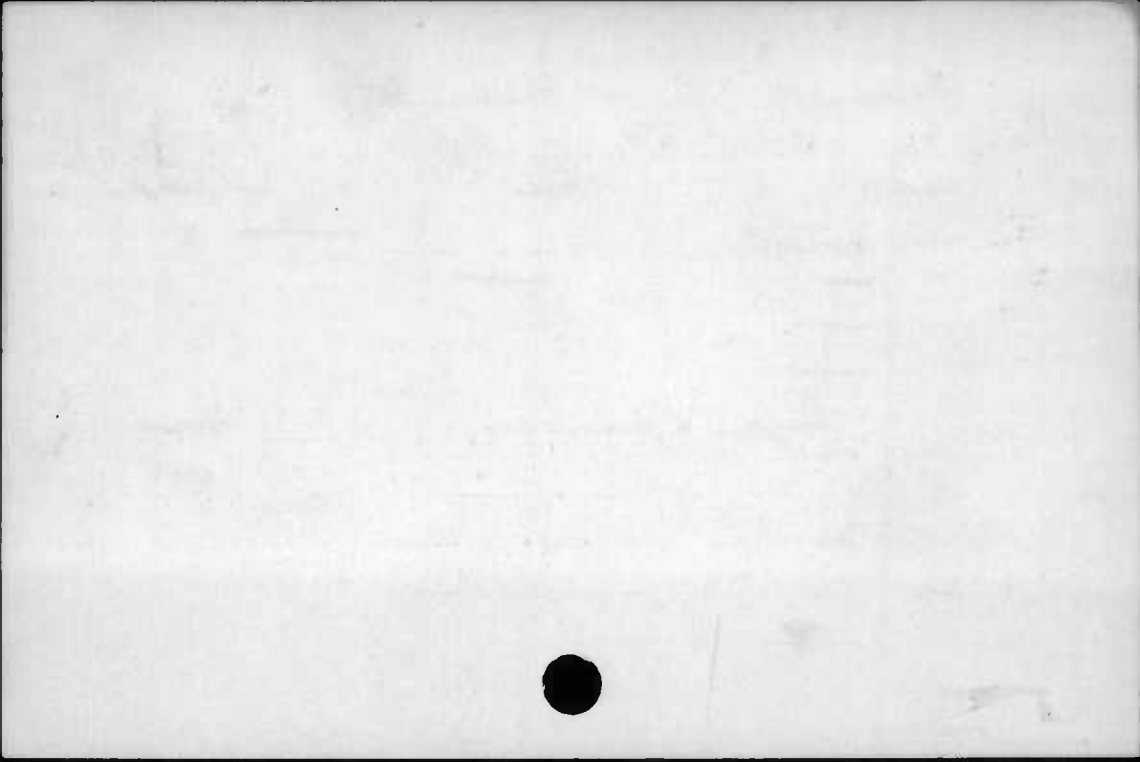
TO BE ANSWERED BY
NEAREST FRIEND

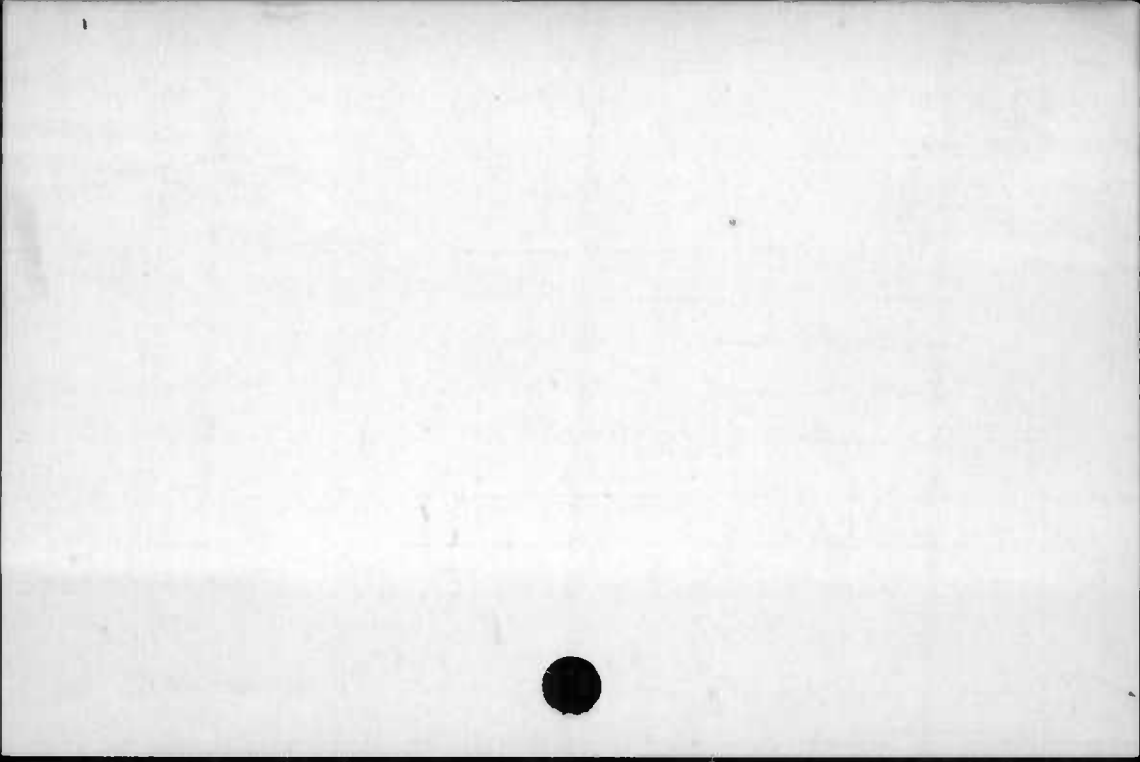
Name in Full <i>Mary Ann Heberg</i>		Town <i>Cresagerstown</i>		County <i>Fredricks.</i>		MARYLAND	
Died at <i>Cresagerstown</i>		Month <i>3</i>		Day <i>30</i>		Years <i>98</i>	
Date of death <i>1906</i>		Month <i>3</i>		Day <i>30</i>		Years <i>98</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Fredricks. Co</i>		Months <i>1</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death		Days <i>7</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wm. Heberg</i>		Father's Name <i>John. Horck</i>		Father's Birthplace <i>Fred. Co</i>	
Mother's Maiden Name <i>Elizabeth Hofford</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Son</i>			
Name of person giving information <i>John. Heberg</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long
Immediate	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>M. L. Cresager, Jr. D.O.</i>
	Address <i>Thurmont Md</i>
Accident or Suicide?	





Name
in
Full

Lora Dosey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1906	Month 3	Day 30	Age 42	Years	Months 5	Days 17
Sex	Female		Color or Race	Black		Birth-place	City
Occupation	Servant			Where Residing if not at place of death Same			
Married, Single or Widowed	Widowed		Name of Wife or Husband	John Dosey			
Father's Name	Unknown					Father's Birthplace	
Mother's Maiden Name	Nancy Gant					Mother's Birthplace	Maryland
Name of person giving information	Nelson Carroll					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alcoholism	How long	56 Weeks
Immediate	Heart Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		E. W. B. L. - 1, P. C. W. W. W.	
Address		Frederick Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elizabeth L. Fogle</i>		Town <i>Fredrick</i>		County <i>"</i>		MARYLAND	
Died at <i>Fredrick</i>		Month <i>3</i>		Day <i>24</i>		Years <i>30</i>	
Date of death <i>1906</i>		Month <i>3</i>		Day <i>24</i>		Age <i>30</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>H.W.</i>		Where Residing if not at place of death <i>Fredrick</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Fogle</i>					
Father's Name <i>John J. Frank</i>		Father's Birthplace <i>Fredrick Co.</i>					
Mother's Maiden Name <i>Ann Louise Fry</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>John J. Frank</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Gooden MD</i>
	Address <i>Fredrick, Md</i>
Accident or Suicide? <i>No</i>	

Intermittent
Lewis town

3/26.06

@ @ Party

Name
in
Full

Elizabeth Ann Foreman

CERTIFICATE OF DEATH

Died at ^{Town} Unionville^{County} Frederick

MARYLAND

Date of death 1906 ^{Month} March ^{Day} 17 ^{Age} 43 ^{Years} 11 ^{Months} 6 ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Fredk Co. Md.^{Occupation} Housewife ^{Where Residing if not at place of death} Near Unionville^{Married, Single or Widowed} Single ^{Name of Wife or Husband}^{Father's Name} Jacob B. Foreman^{Father's Birthplace} Maryland^{Mother's Maiden Name} Martha Horton^{Mother's Birthplace} Maryland^{Name of person giving information} Annie Black^{How related to deceased} None

CAUSES OF DEATH

^{Primary} Phthisis Pulmonalis ^{How long} about one year^{Immediate} Heart failure ^{How long} a very short time

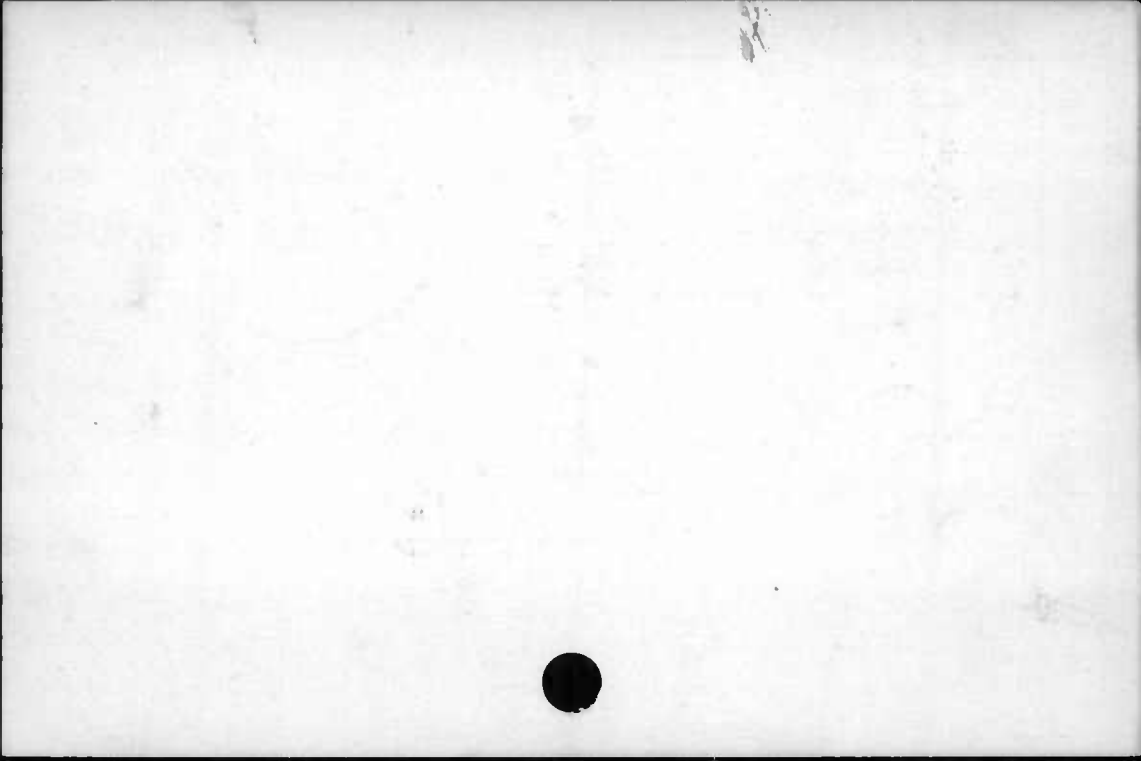
Are the name, age, sex, color, date and place correctly given above? yes

^{Signature of Physician} Thos. P. Sappington^{Address} Unionville

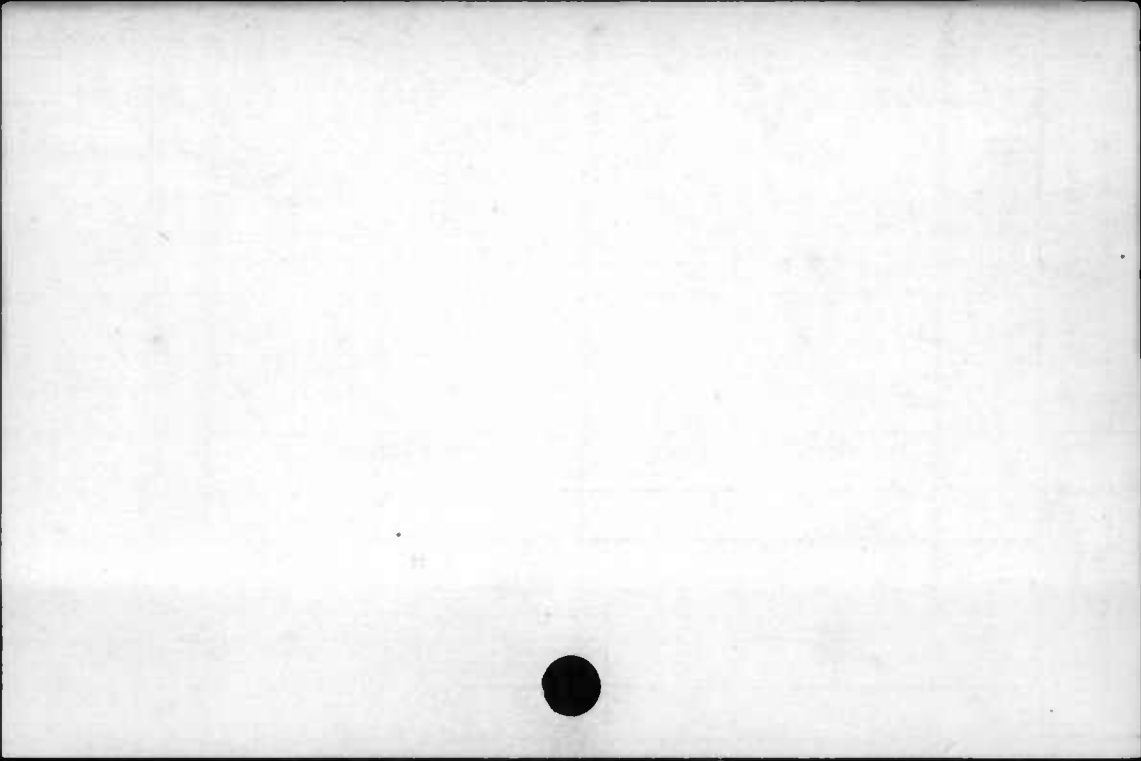
Accident or Suicide?

Maryland,

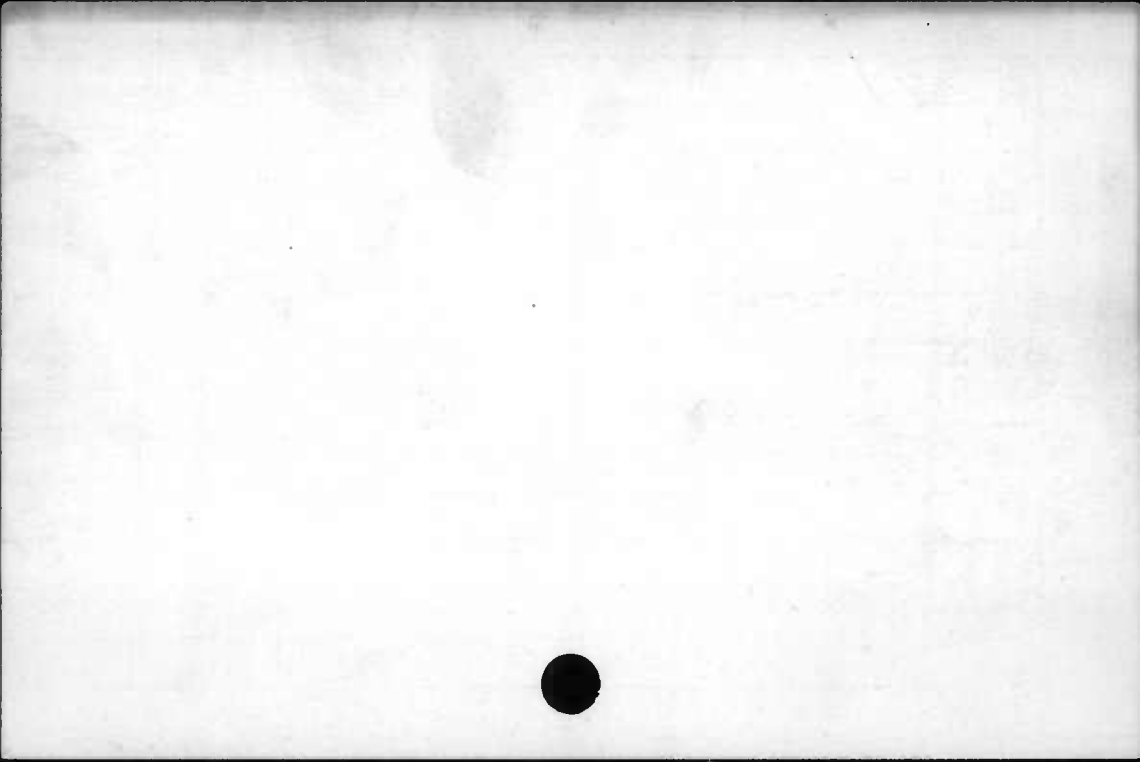
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mahlon Augustus Fraley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frederick		Frederick		MARYLAND		
	Date of death	1906	March	7th	Age	69	Months 5 Days —	
	Sex	male		Color or Race	white		Birth-place	Frederick
	Occupation	Veterinarian			Where Residing if not at place of death			At place of death
	Married, Single or Widowed	widower		Name of Wife or Husband				
	Father's Name	Henry Fraley				Father's Birthplace	Frederick Md	
	Mother's Maiden Name	Elizabeth Fagan				Mother's Birthplace	Frederick Md	
Name of person giving information	Charles Fagan				How related to deceased	Son in Law		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Paresis			How long	10 months		
	Immediate	Pulmonary Oedema			How long	18 hours		
	Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician			
					Address			
Accident or Suicide?			Neither		Frederick Md			



Name in Full		Guy Gasper Jr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death	1906	Month March	Day 10	Age 1	Years 1	Months 2
	Sex	male		Color or Race	Colored		Birth-place Frederick Md
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Guy Gasper				Father's Birthplace	Va
	Mother's Maiden Name	Addie Henderson				Mother's Birthplace	Md
Name of person giving information	Addie Henderson Gasper				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Laryngismus stridulus				How long	2 or 3 months
	Immediate	Suffocation				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. L. P. Bourne,		
				Address	Frederick, Md		
Accident or Suicide?							



Name
in
Full

Franklin B. Giles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Knockville</i>			County <i>Fredrick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>12</i>	Age <i>1</i>	Years <i>1</i>	Months <i>5</i>	Days
Sex <i>male</i>		Color or Race <i>black</i>		Birthplace <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Henry Giles</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mellie Lightfoot</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Henry Giles</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>measles</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Levin Truf</i>
	Address <i>Brownsville Fredk Co</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i> Town <i>Fredericks</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>5</i>	Age <i>45</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>F. Leo Med</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Mountainsdale, F. Leo Med</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Mary Brown</i>		
Father's Name <i>Dan'l Gray</i>	Father's Birthplace <i>Med</i>		
Mother's Maiden Name <i>Elizabeth King</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Geo. Rice</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun shot wound of right hip</i>	How long <i>4 1/2 Mos</i>
Immediate <i>Pyemia</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Maynard</i>
	Address <i>17 Second St. N. Front Md</i>
Accident or Suicide <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

Celia Irene Griffith-

Died at ^{Town} Liberty Town ^{County} Frederick

MARYLAND

Date of death 1906 ^{Month} Mar ^{Day} 30 ^{Age} ^{Years} ^{Months} 1 ^{Days} 9

Sex Female Color or Race Colored Birth-place Frederick Co

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Harry Griffith- Father's Birthplace Frederick Co.

Mother's Maiden Name Irene Ridgely Mother's Birthplace Frederick Co

Name of person giving information Harry Griffith- How related to deceased Father

CAUSES OF DEATH

Primary Broncho-Pneumonia (92) How long 3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Otis B. Moore
Liberty town
Ind.

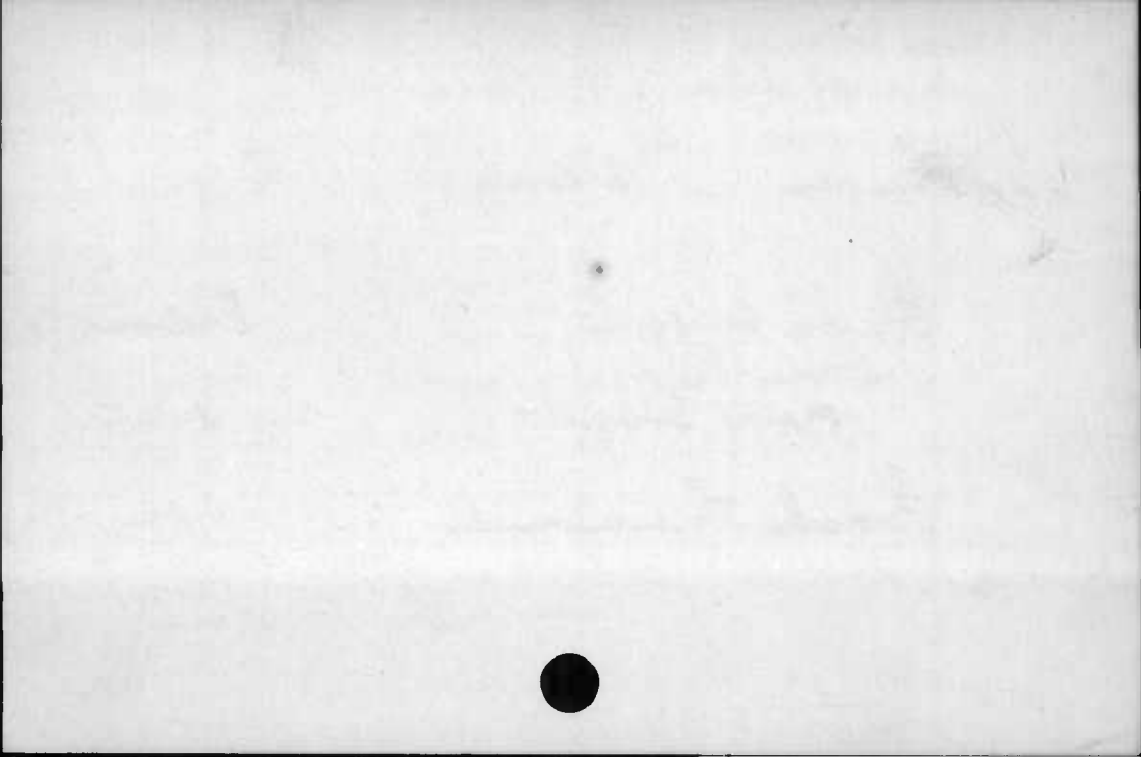
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full	Mattie V. Goimes					CERTIFICATE OF DEATH	
	Died at <i>Fredericks</i>			County <i>Fred's</i>		MARYLAND	
	Date of death	1906	Month 3	Day 3	Age 19	Months 9	Days 15
	Sex	<i>Female</i>		Color or Race	<i>White</i>		
	Birth- place	<i>F. Co. Md</i>					
	Occupation	<i>House Wife</i>			Where Residing if not at place of death <i>Same</i>		
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>John B. Goimes</i>		
	Father's Name	<i>Daniel Pearl</i>				Father's Birthplace	<i>F. Co. Md</i>
	Mother's Maiden Name	<i>Annie Zimmerman</i>				Mother's Birthplace	" " "
	Name of person giving In formation	<i>Mrs. Fred. Putman</i>				How related to deceased	<i>Aunt.</i>

		CAUSES OF DEATH	
PHYSICIAN OR CORONER	Primary	<i>Bugth-Disease</i>	How long <i>Unknown</i>
	Immediate	<i>Pneumonia</i>	How long <i>6 hrs.</i>
	Are the name, age, sex, color, date and place correctly given above?		
	<i>yes</i>		
	Signature of Physician		<i>Paul L. Buchanan</i>
	Address		<i>F. P.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hammond* *May 11,* *Frank Co*
 Town County
 Died at *New Market Dist.*
 Date of death *190* Month *3* Day *16th* Age *7* Years Months Days
 Sex *Female* Color or Race *White* Birth-place *Frank Co*
 Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

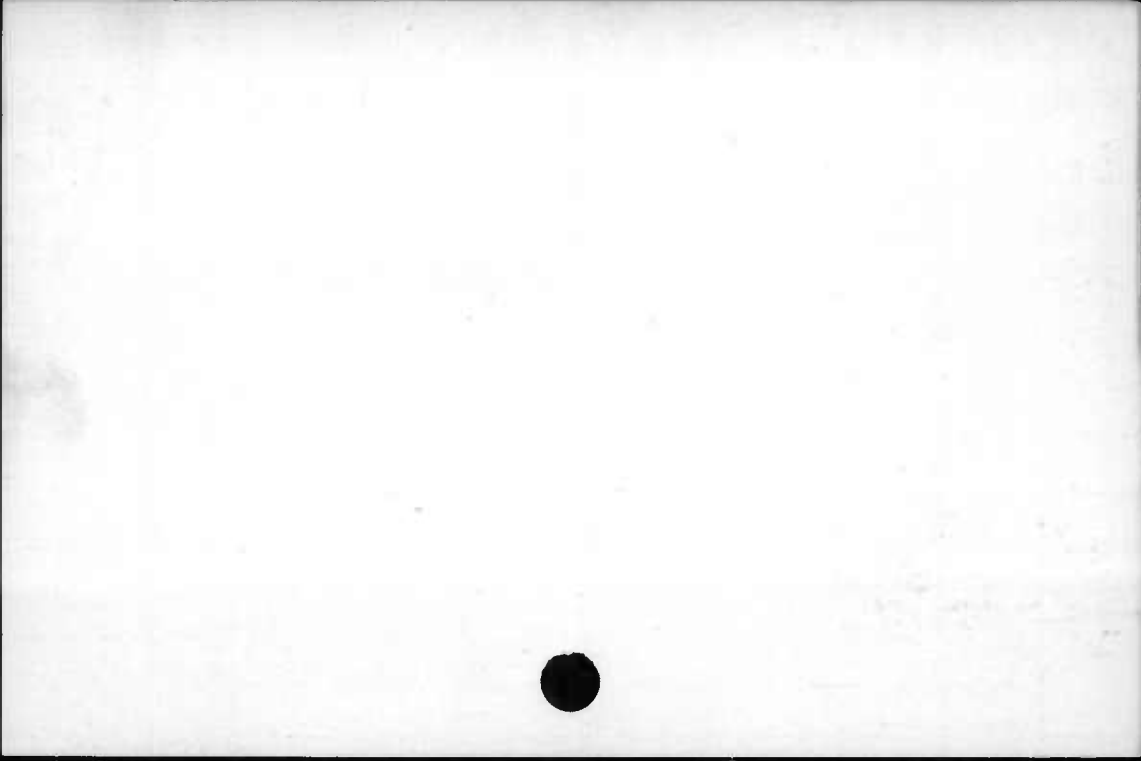
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

William Heffner

CERTIFICATE OF DEATH

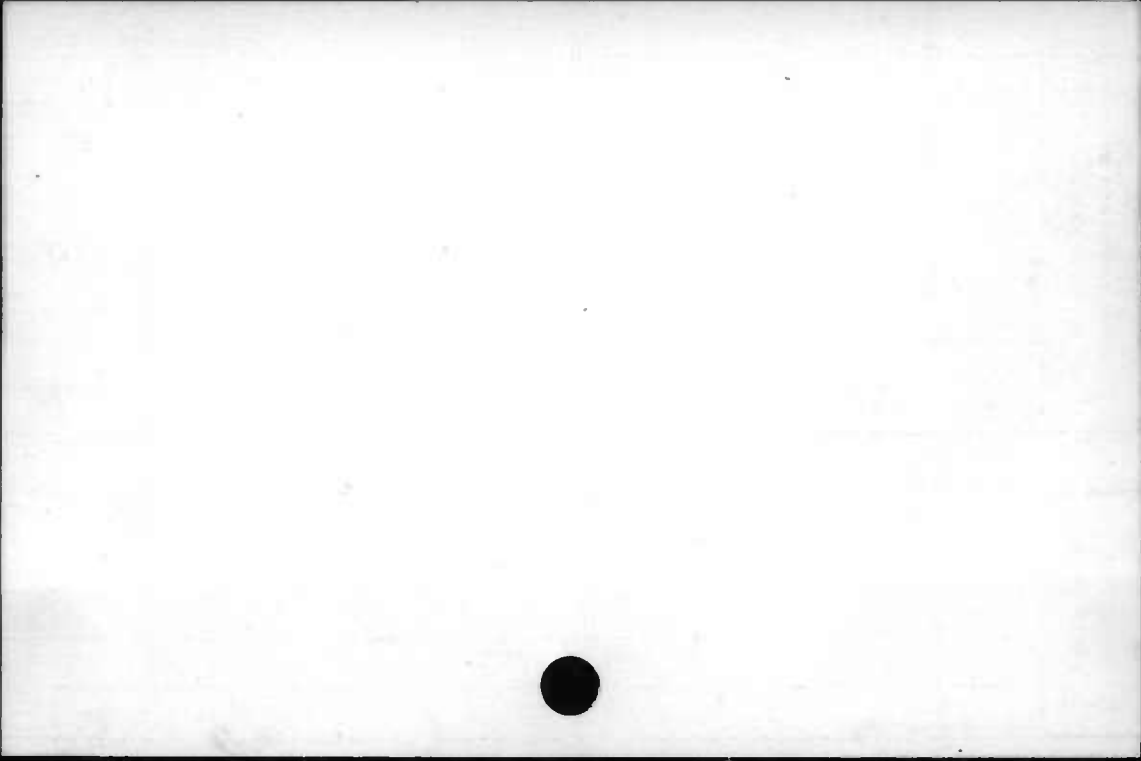
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Creagerstown</i>		^{County} <i>Fredrick</i>		MARYLAND	
Date of death	<i>1906</i>	^{Month} <i>Mar</i>	^{Day} <i>15</i>	^{Years} <i>84</i>	^{Months} <i>—</i>
^{Sex} <i>Male</i>	^{Color or Race} <i>White</i>		^{Birth-place} <i>Don't know</i>		
^{Occupation} <i>Laborer</i>			^{Where Residing if not at place of death}		
^{Married, Single or Widowed} <i>Married</i>		^{Name of Wife or Husband} <i>Sasandra Turner</i>			
^{Father's Name} <i>Daniel H. Heffner</i>			^{Father's Birthplace} <i>Don't know</i>		
^{Mother's Maiden Name} <i>Susan Eylee</i>			^{Mother's Birthplace} <i>Don't know</i>		
^{Name of person giving information} <i>Sasandra Heffner</i>			^{How related to deceased} <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

^{Primary} <i>Heart Disease & Anasarca</i>	^{How long} <i>90 days</i>
^{Immediate} <i>Heart failure</i>	^{How long}
^{Are the name, age, sex, color, date and place correctly given above?}	^{Signature of Physician} <i>J. D. S. Young</i>
	^{Address} <i>Creagerstown</i>
	<i>Fredrick Co</i>
^{Accident or Suicide?}	



Name
in
Full

Emory C. Hilderbrand

CERTIFICATE OF DEATH

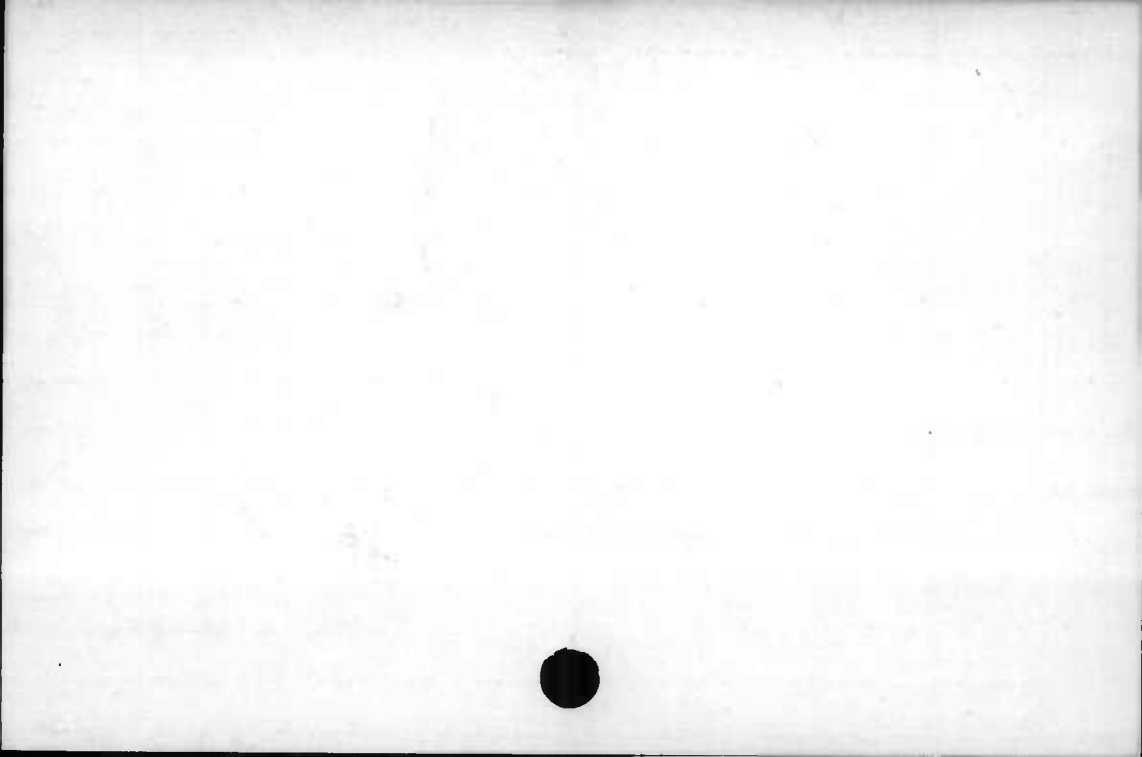
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Montgomery		Hoeft		Frederick			
Date of death	1906	Month	Mar	Day	6	Age	36
						Months	4
						Days	17
Sex	Male		Color or Race	white		Birthplace	Frederick Co
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Insipidus	How long	50
Immediate	Exhaustion.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. S. Lyons	
		Address	
Accident or Suicide?			



Name
in
Full

Ellsworth Hill

CERTIFICATE OF DEATH

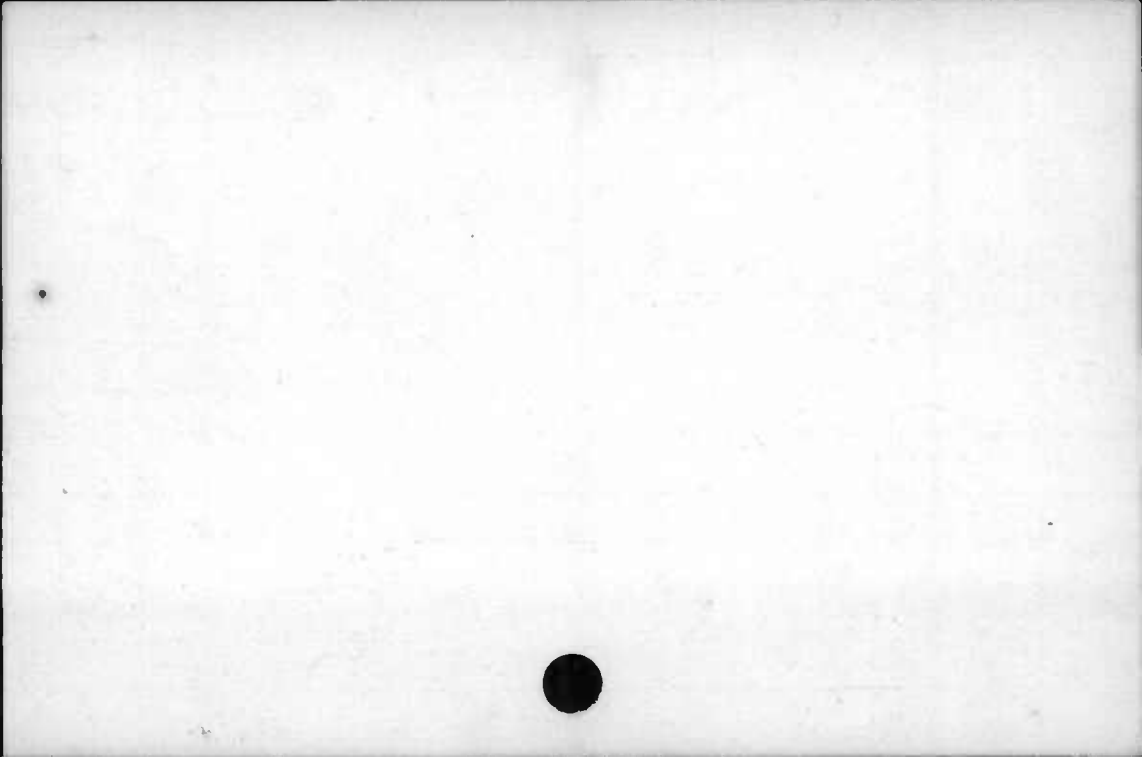
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Unionville</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1906	Month <i>March</i>	Day <i>24</i>	Age <i>6</i>	Years	Months <i>7</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>			Birth-place <i>Maryland</i>			
Occupation <i>None</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>Weldon Hill</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Rose Hobbs</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Weldon Hill</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebro Spinal Meningitis</i>	How long	<i>(6) About - 9 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Thomas P. Sappington</i>	
		Address	
		<i>Unionville</i>	
		<i>Maryland</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

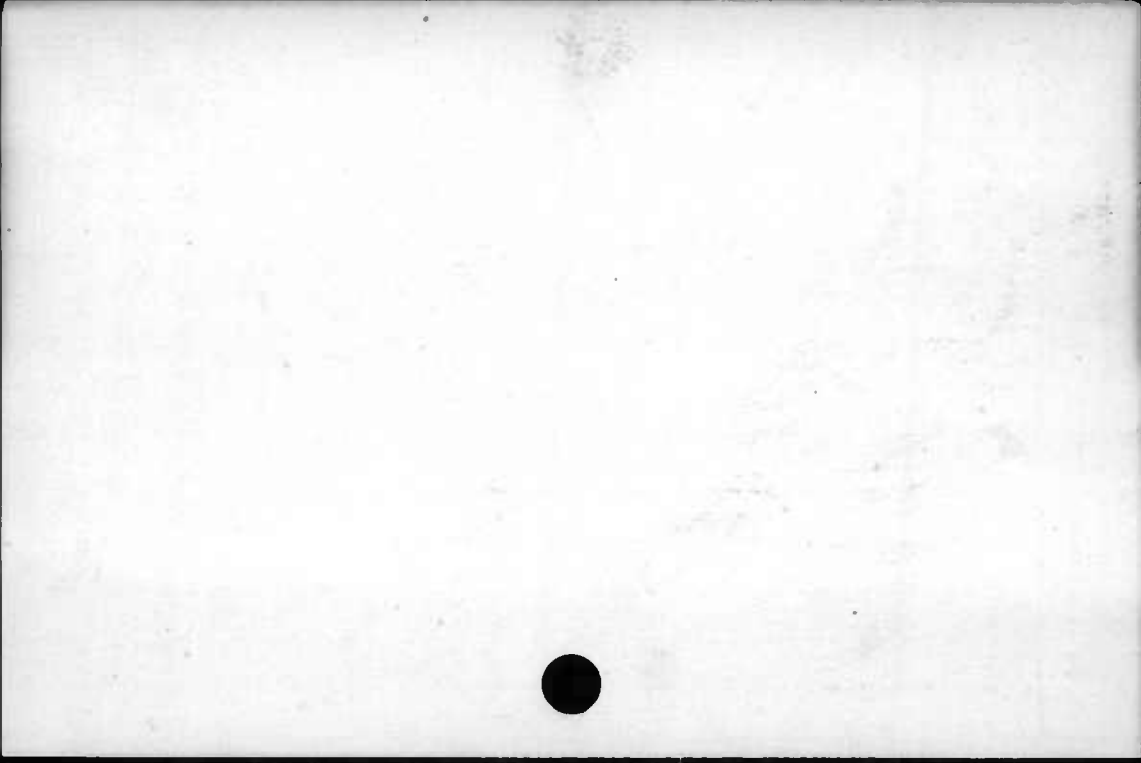
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Charles Hobbs</i>			Town <i>Unionville</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>March</i>	Day <i>19</i>	Years <i>26</i>	Months <i>6</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>					
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Near Unionville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Effie Rian</i>						
Father's Name <i>Charles Hobbs</i>			Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Singleton Rian</i>			How related to deceased <i>Father in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>27</i> <i>about one year</i>
Immediate <i>Exhaustion</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas P. Sappington M.D.</i>
	Address <i>Unionville, Maryland.</i>
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

John Francis Hoffp

Town

County

Died at Emmelstung

Frederick

MARYLAND

Date 1906 March 14

Age 78

Y. M. D.

6

Native of

Occupation

Germany Shoemaker

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 6

Husband of Martha Morrison

Father's Name Aloisius Hoffp

Mother's Maiden Name Mary Nature

Cause of Primary Paralysis

Death Immediate

(66)

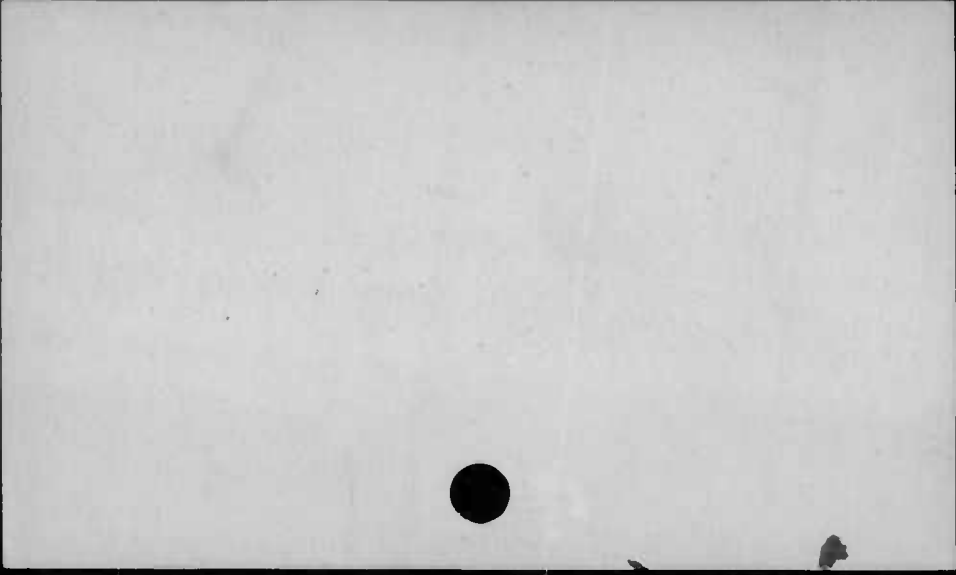
How long sick 6 days

~~Accident, Suicide, Homicide~~

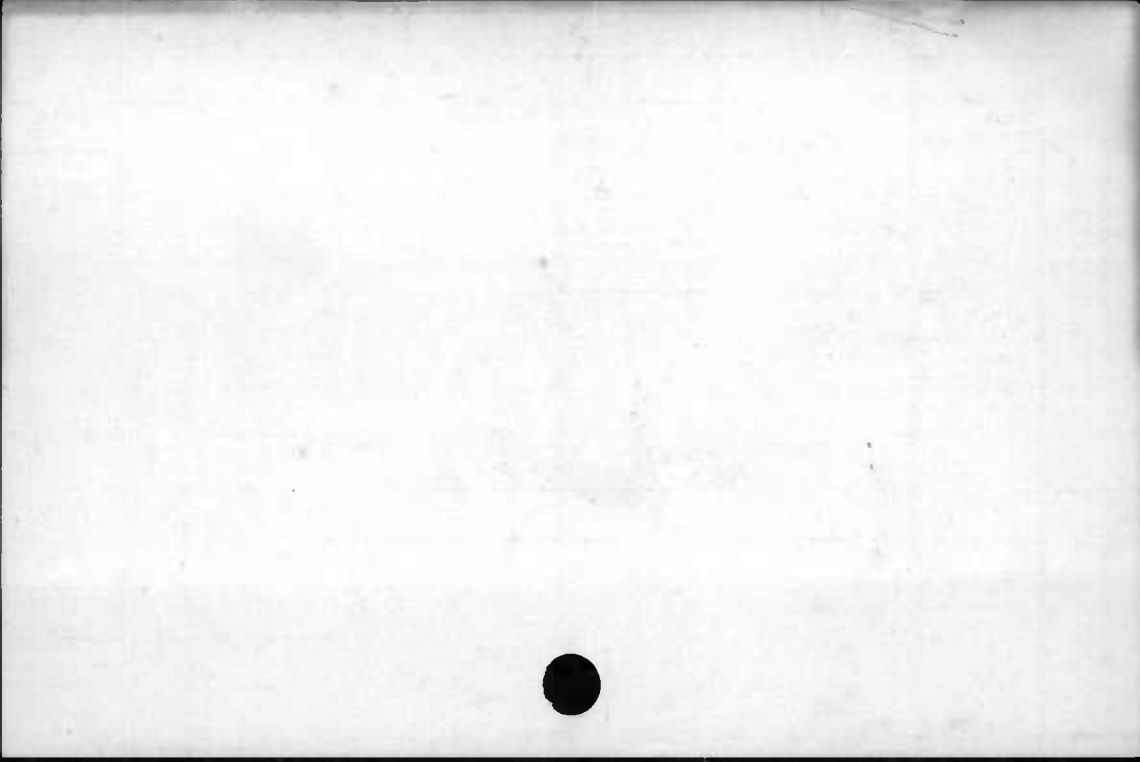
Signed by Michaelberger

Address Emmelstung Maryland

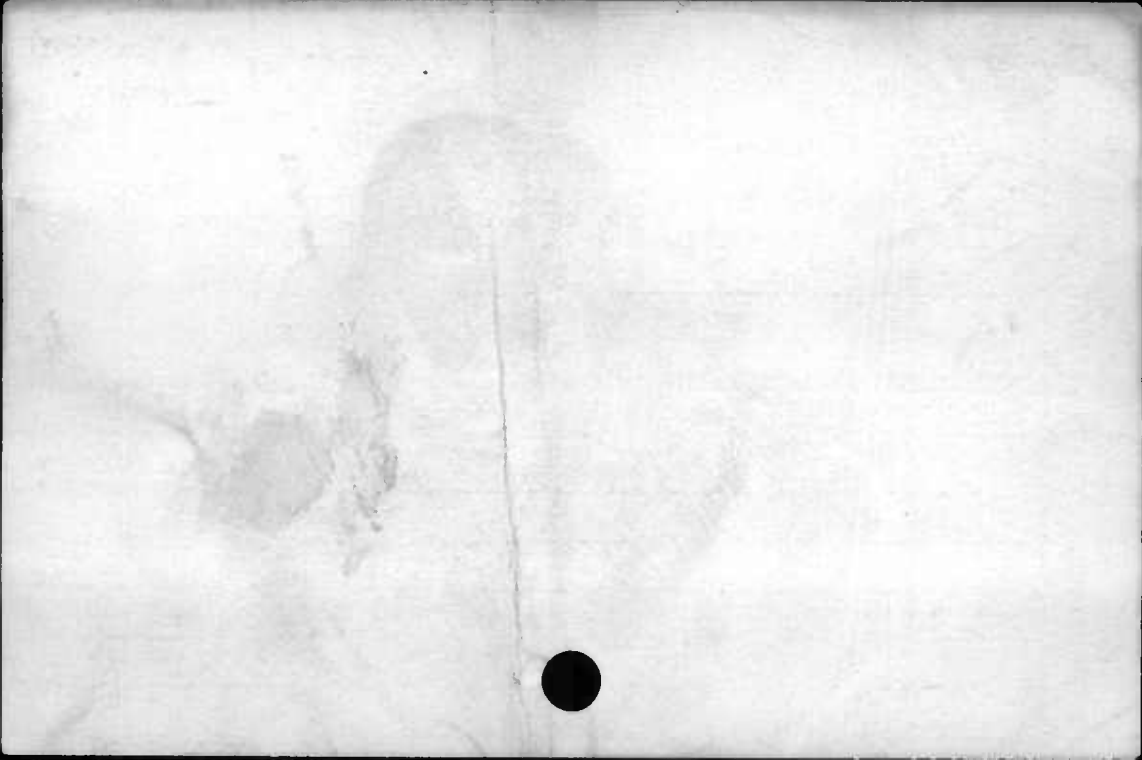
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



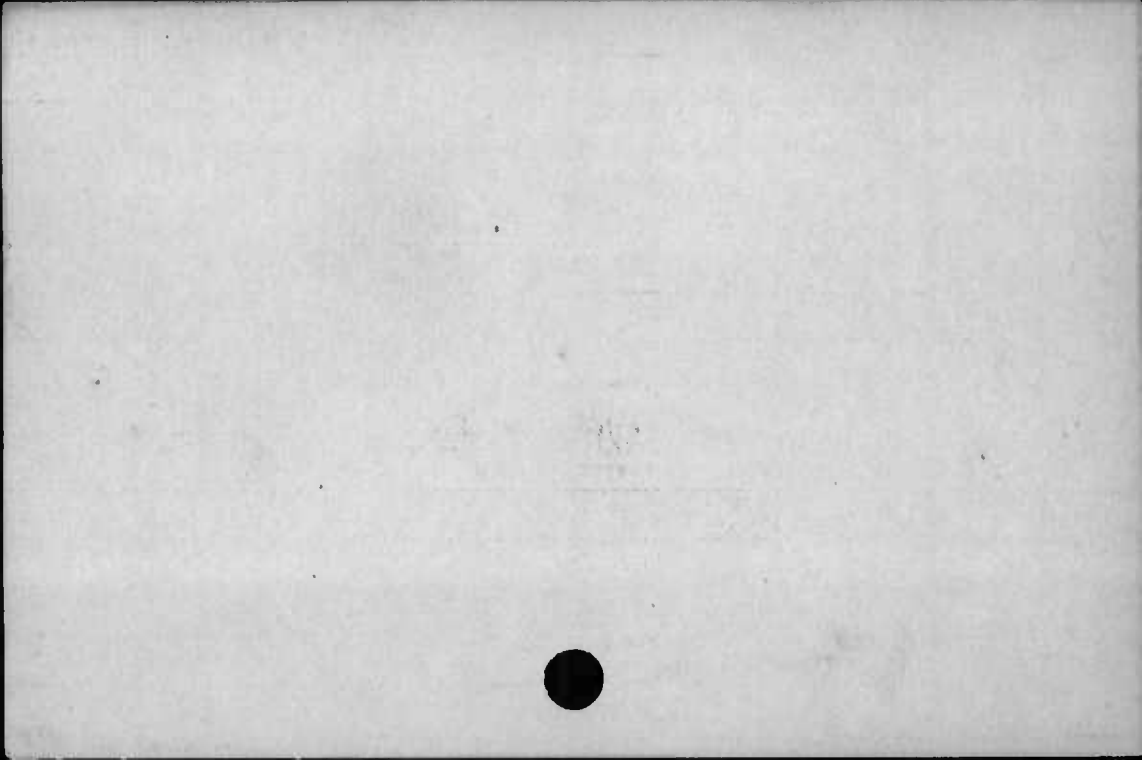
Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Frederick		Frederick		MARYLAND			
		Date of death	1906	Month	March	Day	15	Age	Years	Months	Days
		Sex		male		Color or Race		African		Birth-place	
		Occupation				Where Residing if not at place of death		at place of death			
		Married, Single or Widowed		Single		Name of Wife or Husband		none			
		Father's Name		William Jones				Father's Birthplace		Frederick Co.	
		Mother's Maiden Name		Lilly Bruner				Mother's Birthplace		" "	
Name of person giving information		Lilly Bruner				How related to deceased		Mother			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Premature Birth				How long		Prior to birth About 3 days	
		Immediate		Strangulation of Cord				How long		A few hours	
		<input checked="" type="checkbox"/> Ask the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Labaree M.D.			
		Accident or Suicide?				Address		93 E Church St Frederick Md			



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Anna E. Kearnes				TOWNSHIP		
		Died at <i>Libertytown</i>				County <i>Frederick</i>		
		Date of death <i>1906</i>		Month <i>3</i>	Day <i>22</i>	Age <i>70</i>	Years	Months
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
		Occupation <i>Housewife</i>		Where Residing if not at place of death				
PHYSICIAN OR CORONER		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Patrick Kearnes</i>				
		Father's Name <i>John Eagan</i>		Father's Birthplace <i>Ireland</i>				
		Mother's Maiden Name <i>Mary Cunningham</i>		Mother's Birthplace <i>Ireland</i>				
		Name of person giving information <i>John W. Kearnes</i>		How related to deceased <i>Son</i>				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Heart disease</i>		How long <i>79</i>		Several yrs.		
		Immediate <i>Heart disease</i>		How long <i>1</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. H. Beall, M.D.</i>				
				Address <i>Libertytown, Md.</i>				
		Accident or Suicide? <i>No</i>						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brinswick</i> <small>Town</small>		<i>Thred</i> <small>County</small>	
		Date of death <i>1906 March 29</i>		Age <i>—</i> Years	
		Sex <i>—</i>		Color or Race <i>white</i>	
		Occupation <i>—</i>		Birth-place <i>Ind</i>	
		Where Residing if not at place of death		Months <i>—</i> Days <i>5</i>	
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband	
		Father's Name <i>Frederick S Kempf</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Carrie Murphy</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Carrie Kempf</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Premature Birth</i>		How long <i>5 days</i>	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. H. Hounsell</i>	
				Address <i>Brinswick Ind</i>	
		Accident or Suicide? <i>No</i>			



Name
in
Full

Thomas A Kessler

CERTIFICATE OF DEATH

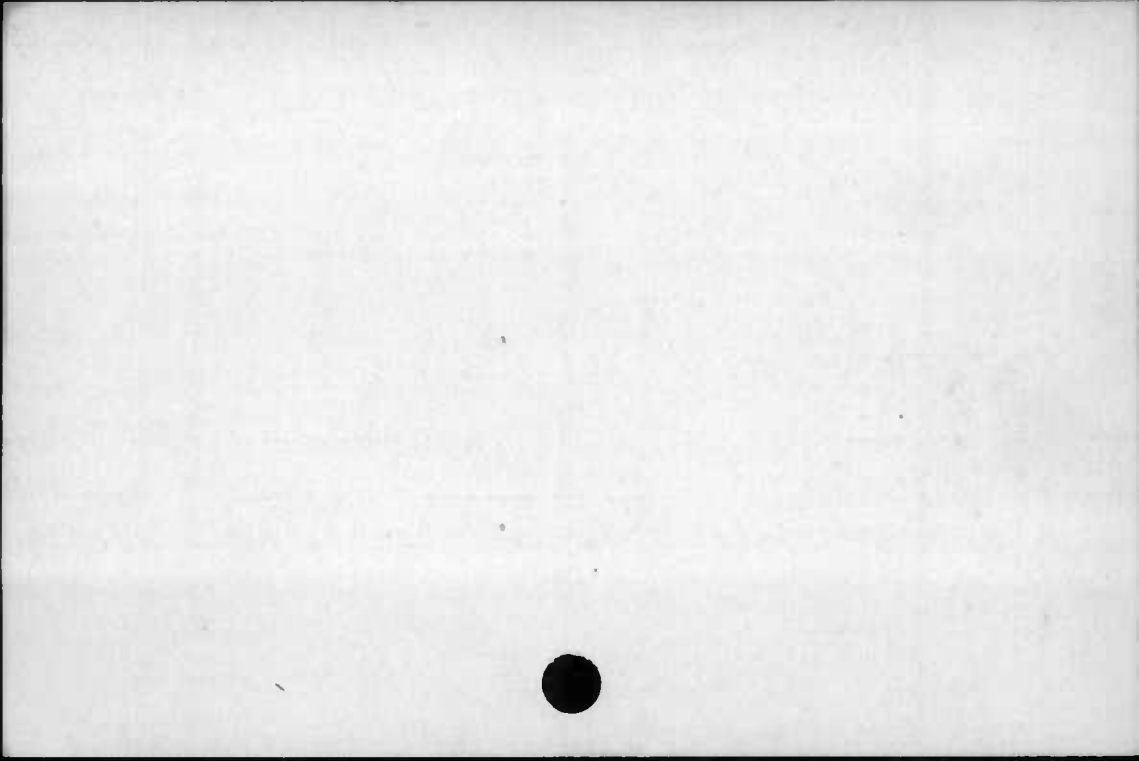
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1906	Month 3	Day 1	Age 56	Years 4	Months Days
Sex Male		Color or Race white		Birth- place Md			
Occupation Farmer				Where Residing if not at place of death —			
Married, Single or Widowed married		Name of Wife or Husband Elizabeth (Whaley) Kessler					
Father's Name Andrew		Kessler		Father's Birthplace Md			
Mother's Maiden Name Loretta Lamar				Mother's Birthplace Md			
Name of person giving In formation		Elizabeth Kessler		How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pittman's Pulmonary	How long	five years
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm. Campbell	
Address		Frederick Md	
Accident or Suicide?		No	



Name
in
Full

Sydia J. Magaha

CERTIFICATE OF DEATH

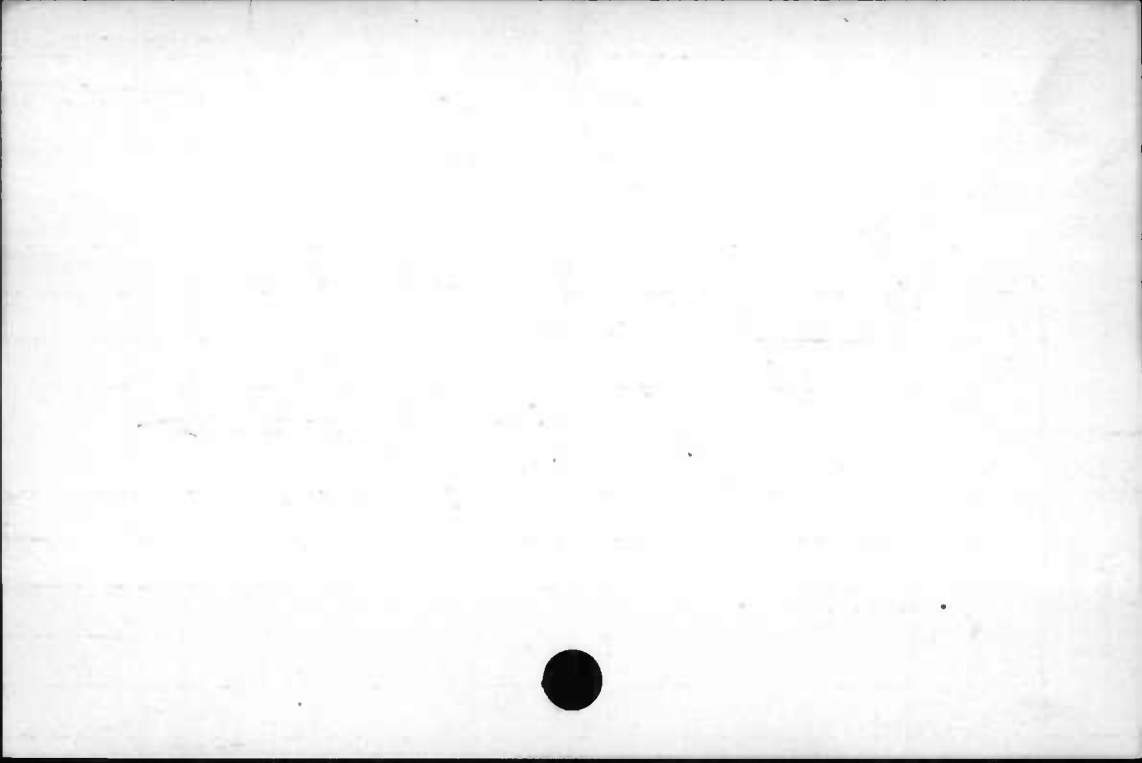
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u>		County <u>Frederick</u>		MARYLAND	
Date of death	1906	Month	March	Day	10
		Years	34	Months	1
		Days	28		
Sex	Female	Color or Race	White	Birth-place	WA
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <u>William C. Magaha</u>		
Father's Name	<u>Chas W Heffner</u>		Father's Birthplace <u>va</u>		
Mother's Maiden Name	<u>Sarah E. McKinney</u>		Mother's Birthplace <u>va</u>		
Name of person giving information	<u>W.C. Magaha</u>		How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>18 months</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr Whitlock</u>	
<u>Yes</u>		Address <u>Winchester</u>	
Accident or Suicide? <u>No</u>		<u>va</u>	



Name
in
Full

George Daniel

Morningside

CERTIFICATE OF DEATH

Died at Leinckuhl

County
Frederick

MARYLAND

Date
of death 1906Month
3rdDay
30Age
80Months
—Days
—Sex
MaleColor or
Race whiteBirth-
placeOccupation
RetiredWhere Residing if not
at place of deathMarried, Single
WidowedName of Wife or
Husband

Harriet Madairy

Father's
Name

George Morningside

Father's
BirthplaceMother's
Maiden NameMother's
Birthplace

Germany

Name of person giving
In formation

William A Morningside

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Immediate

Exhaustion

How long

week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm Crawford Brown

Address

Frederick

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mr Olcott Combs -
April -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Doubt</i> Town		<i>Breck</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>3</i>	Day <i>11</i>	Age <i>67</i> Years	Months <i>3</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hanover</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired merchant</i>			
Name of Wife or Husband <i>Margaret Whittes</i>					
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Margaret Whittes</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	How long <i>Five years</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thomas Johnson</i>
	Address <i>Fredrick, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

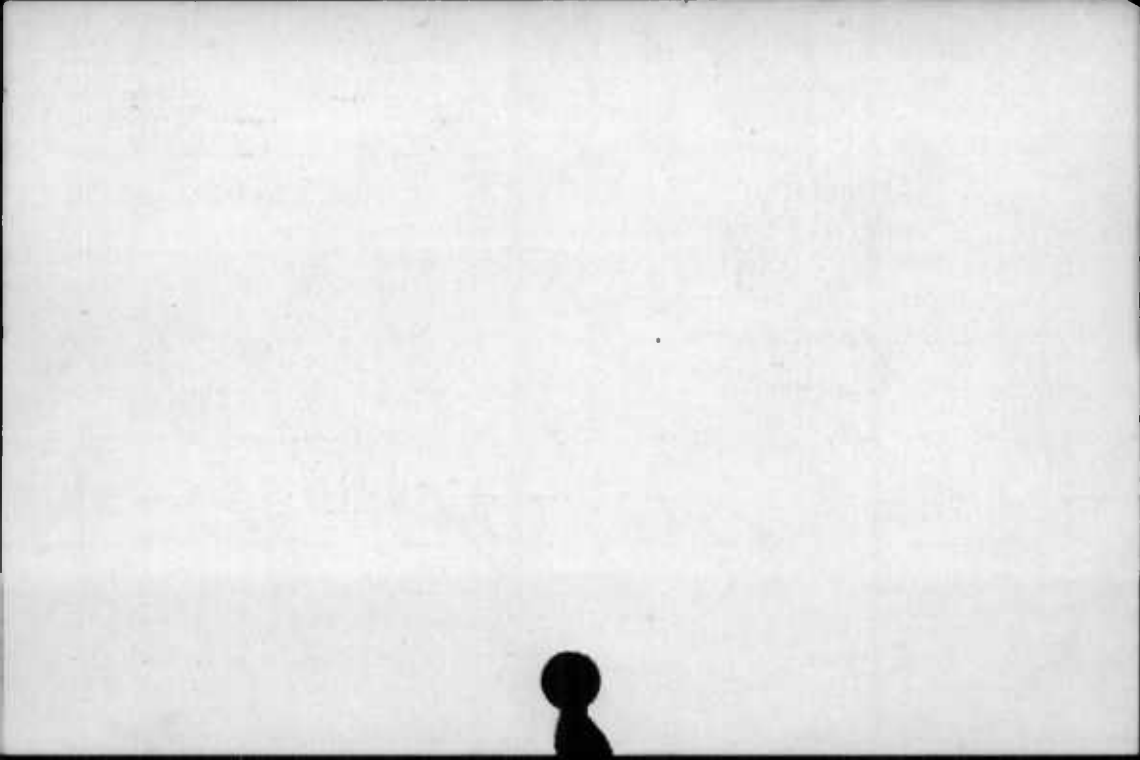
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Cornelia A. Miller</i>		Town <i>Fredericks</i>		County <i>Fredk</i>		State <i>MARYLAND</i>	
Died at <i>Fredericks</i>		Month <i>3</i>		Day <i>25</i>		Age <i>40</i>	
Date of death <i>1906</i>		Month <i>3</i>		Day <i>25</i>		Age <i>40</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>F. Co. Md</i>			
Occupation <i>House Wife</i>		Where Residing If not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jas. Edw. Miller</i>					
Father's Name <i>Samuel Lambert</i>		Father's Birthplace <i>F. Co Md</i>					
Mother's Maiden Name <i>Fannie Tomis</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving In formation <i>Jas. Edw. Miller</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Miscarriage</i>	How long <i>8 hours</i>
	Immediate <i>Exhaustion from hemorrhage</i>	How long <i>4 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm M. Smith.</i>
	Address <i>Fredk. Md.</i>	

Accident or Suicide? *_____*



Name
in
Full

CERTIFICATE OF DEATH

Margarett Moore
Town Near Jefferson County Frederick

MARYLAND

Died at

Date

of death 1906

Month

March 24

Day

Age

Years

42

Months

11

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Dudley Moore

Father's
Birthplace

Md

Mother's
Maiden Name

Ann White

Mother's
Birthplace

Md

Name of person giving
Information

"

"

How related
to deceased

Mother

CAUSES OF DEATH

130

Primary

Aortic Regurgitation, with Nephritis

How long

About 8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

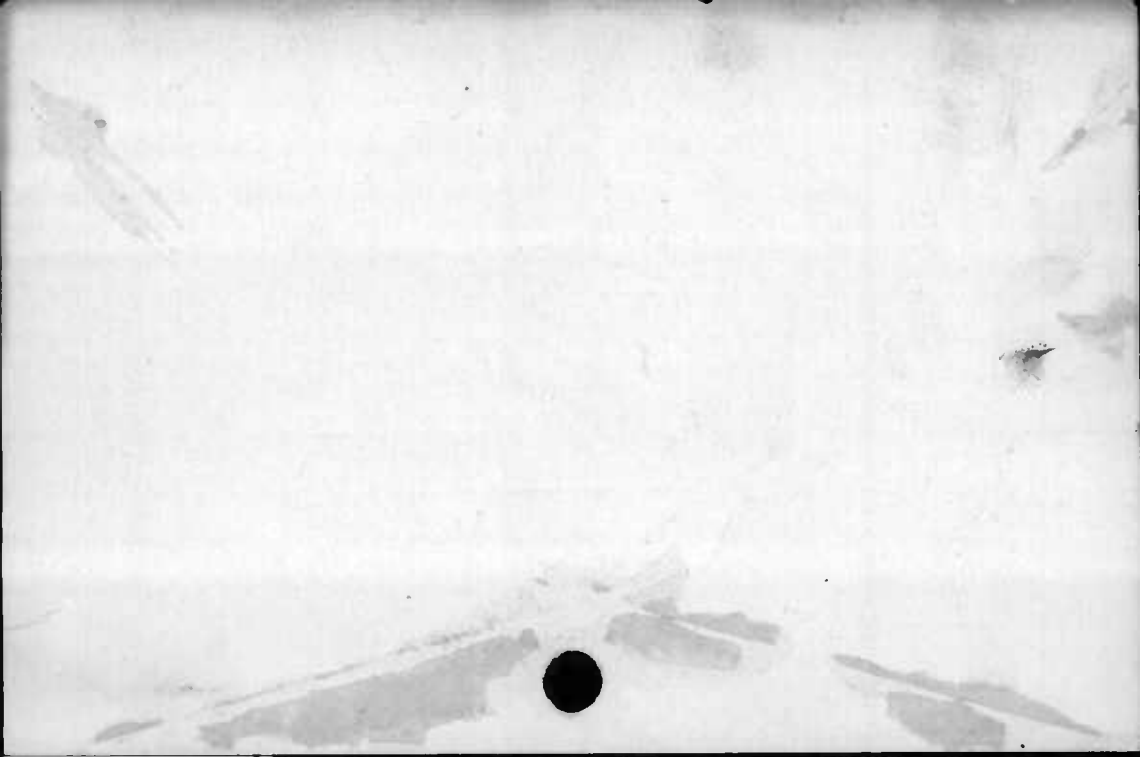
A. U. G. Bourne,

Address

Frederick Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sadie Cecilia Nowell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1906	Month March	Day 21	Age 22	Years 9	Months 28
Sex Female		Color or Race white		Birth-place Atlanta, Ga.			
Occupation Wife		Where Residing if not at place of death Washington, D.C.					
Married, Single or Widowed Married		Name of Wife or Husband Ralph S. Nowell					
Father's Name Roland F. Cronelin		Father's Birthplace Atlanta, Ga.					
Mother's Maiden Name Lillian N. Kreamer		Mother's Birthplace Atlanta, Ga.					
Name of person giving information Lillian N. Kreamer		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Indigestion	How long	Several hours
	Immediate	Heart failure	How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician J. J. McQuinn, M.D.		Address Frederick, Md.	
Accident or Suicide? <input type="checkbox"/>				



Name
in
Full

James L. Sull -

No. 13,

CERTIFICATE OF DEATH

Died at ^{Town} near New MarketCounty ^{County} Frederick

MARYLAND

Date
of death 190

Month

3

Day

22

Years

Age 61

Months

Days

23 -

Sex

Male -

Color or
Race

White -

Birth-
place

Frederick Co

Occupation

Trucker

Where Residing If not
at place of deathMarried, Single
or Widowed

Married,

Name of Wife or
Husband

Don't Know Ruth Shaw

Father's
Name

Don't Know Jas Sull

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Don't Know Catherine Hoon

Mother's
Birthplace

Don't Know

Name of person giving
In formation

D. Downey -

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cancer

(45)

How long

Some Months,

Immediate

Prognosis of cancer

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

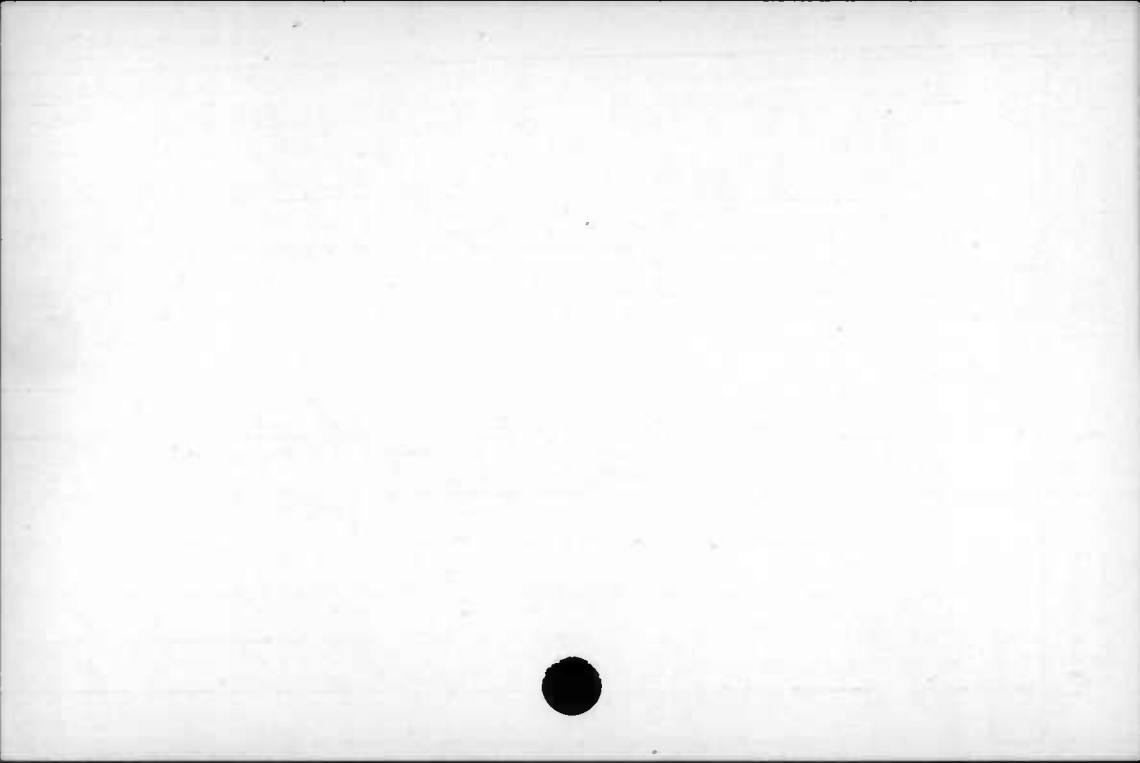
Address

J. W. Downey, M.D.

New Market Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>Monosa O'Connell</i>		Town <i>Frederick</i>		County <i>Frederick</i>		CERTIFICATE OF DEATH	
Died at <i>Frederick</i>		Month <i>3</i>		Day <i>1</i>		MARYLAND	
Date of death <i>1906</i>		Year <i>89</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ireland</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Patrick O'Connell</i>					
Father's Name <i>—</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>O'Connell</i>		How related to deceased <i>daughter</i>					
CAUSES OF DEATH							
Primary <i>Senile Debility</i>		How long <i>(4)</i>					
Immediate <i>Apoplexy</i>		How long <i>—</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. J. Goodell M.D.</i>		Address <i>—</i>			
Accident or Suicide? <i>—</i>							



Name in Full		Rebecca Palmer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Churchill		Frederick		MARYLAND		
	Date of death	1906	March	5	Age	66	2 Months 4 Days	
	Sex	Female		Color or Race	White		Birthplace	Churchill
	Occupation	Housekeeping		Where Residing if not at place of death		Churchill		
	Married, Single or Widowed	Widowed		Name of Wife or Husband		—		
	Father's Name	James Meddle				Father's Birthplace		—
	Mother's Maiden Name	Susan Palmer				Mother's Birthplace		—
Name of person giving information	Francis Palmer				How related to deceased		Son	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Valvular Lesion of Heart				How long	10 years	
	Immediate	Apoplexy				How long	14 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Ralph Browning	
					Address		Myersville, Md.	
Accident or Suicide?								



Name
in
Full

Thomas . Palmer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		March	30	71			23
Sex		Color or Race		Birth-place			
Male		White		Mt Taber			
Occupation		Where Residing if not at place of death					
Farm laborer		Milford. Co. afman					
Married, Single or Widowed		Name of Wife or Husband					
Widower		Sarah. E. Palmer.					
Father's Name		Father's Birthplace					
Thomas . Palmer.		Mt. Tabor					
Mother's Maiden Name		Mother's Birthplace					
Sarah Moser.		Myersville.					
Name of person giving information		How related to deceased					
C. E. Palmer.		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Disease of Stomach	How long	Indefinite.
Immediate	Pyloric Obstruction & Exhaustion	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		B. H. Hoke M.D.	
		Address	
		Myersville Md.	
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY.
NEAREST FRIEND

Harriet Penn

Died at *Liberty Town* ^{Town}*Frederick* ^{County}

MARYLAND

Date of death *1906* ^{Month} *Mar.* ^{Day} *25th* ^{Years} *Age about 60*Months *•* DaysSex *Female*Color or Race *Colored*Birth-place *Frederick Co.*Occupation *Servant*Where Residing if not
at place of deathMarried, Single
or Widowed *Widow*Name of Wife or
HusbandFather's Name *Richard Hammond*Father's Birthplace *Ind.*Mother's Maiden Name *_____*

Mother's Birthplace

Name of person giving
InformationHow related to deceased *Indic Co.*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

64
Otis R. Stowe
Liberty Town
Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Frederick*

Town

Frederick

County

Date
of death *1906*Month
*3*Day
18

Age

Years
*28.*Months
*—*Days
*—*Sex *Female*Color or
Race*White*Birth-
place*Frederick Co. Md.*

Occupation

*House Wife*Where Residing If not
at place of death*Same*Married, Single
or Widowed*Married*Name of Wife or
Husband*Wm H Peritz.*Father's
Name*Jacob B. Grabill*Father's
Birthplace*F. Co. Md.*Mother's
Maiden Name*Emma Kintz*Mother's
Birthplace*" " "*Name of person giving
Information*Mr. Peritz*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Peritoneal & Intestinal Tuberculosis

How long

About 18 months

Immediate

Athemia

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. A. Heedrix, M.D.
Frederick, Md.*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

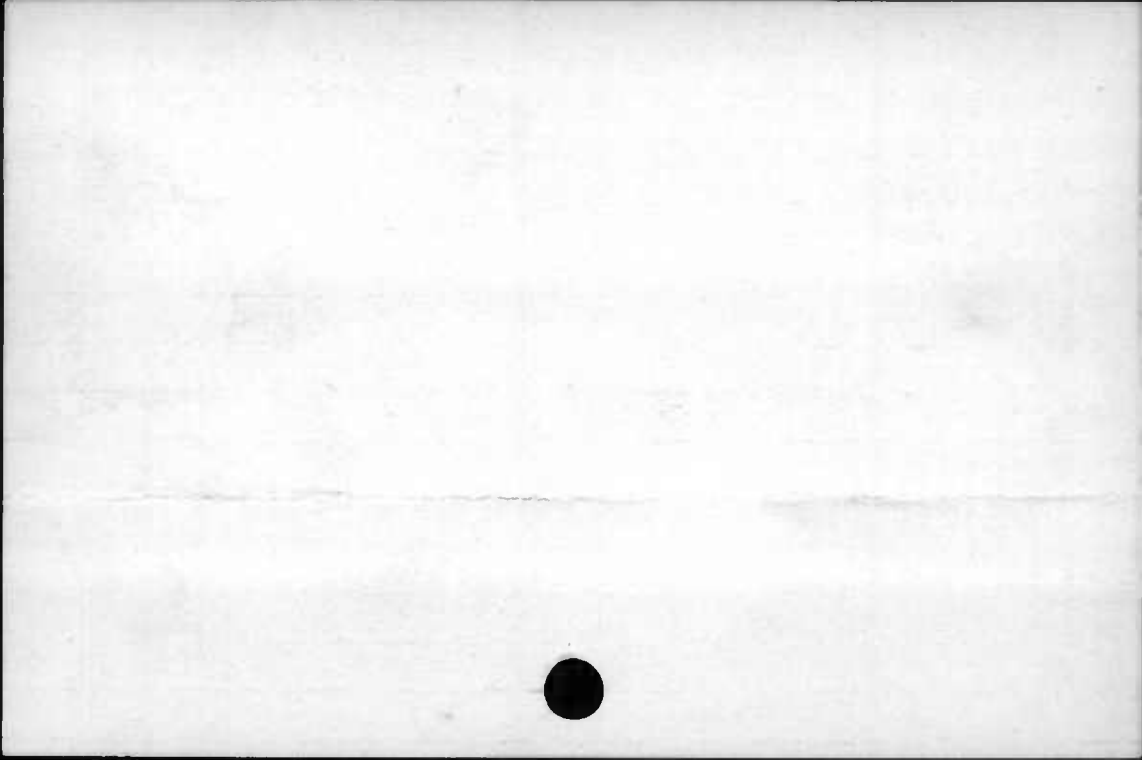
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Park Mills</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Mar</i>	Day <i>27</i>	Age <i>49</i>	Months	Years	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Near Thurston</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>laborer</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>John E. Peters</i>				Father's Birthplace <i>Fred's Co.</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>John F. Cooley</i>				How related to deceased <i>No relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>4 years.</i>
Immediate	<i>Exhaustion following excessive vomiting</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Josh. Thomas</i>	
		Address <i>Adamstown, Maryland</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ann Rebecca Poffinberger</i>		Town <i>Ellerton</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Ellerton</i>		Month <i>3</i>		Day <i>30</i>		Years <i>75 -</i>	
Date of death <i>1906</i>		Months <i>3 -</i>		Days <i>251</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Fredrick Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Ellerton, Fred. Co.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Hezekiah Poffinberger</i>					
Father's Name <i>George Gaver</i>		Father's Birthplace <i>Fredrick Co. Md</i>					
Mother's Maiden Name <i>Mary Ramsey</i>		Mother's Birthplace <i>...</i>					
Name of person giving information <i>John R. Hook</i>		How related to deceased <i>None -</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

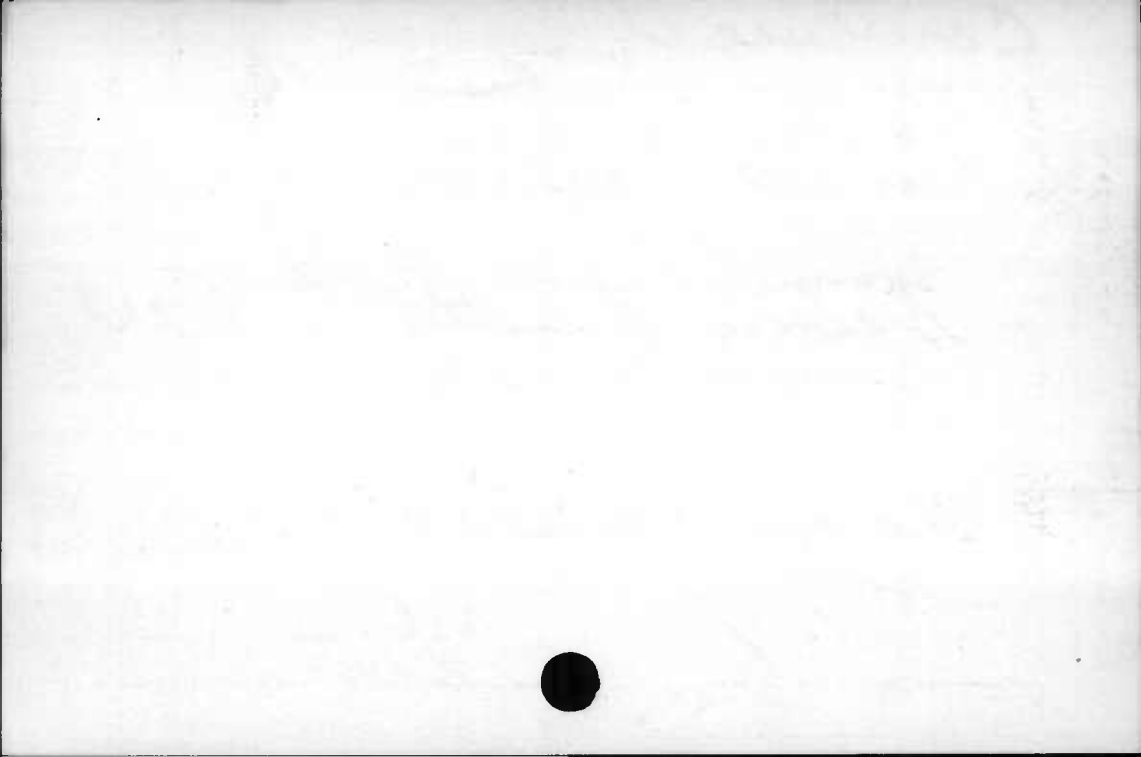
Primary <i>Nephritis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph Browning</i>
	Address <i>Myersville, Md.</i>
Accident or Suicide? <i>No</i>	



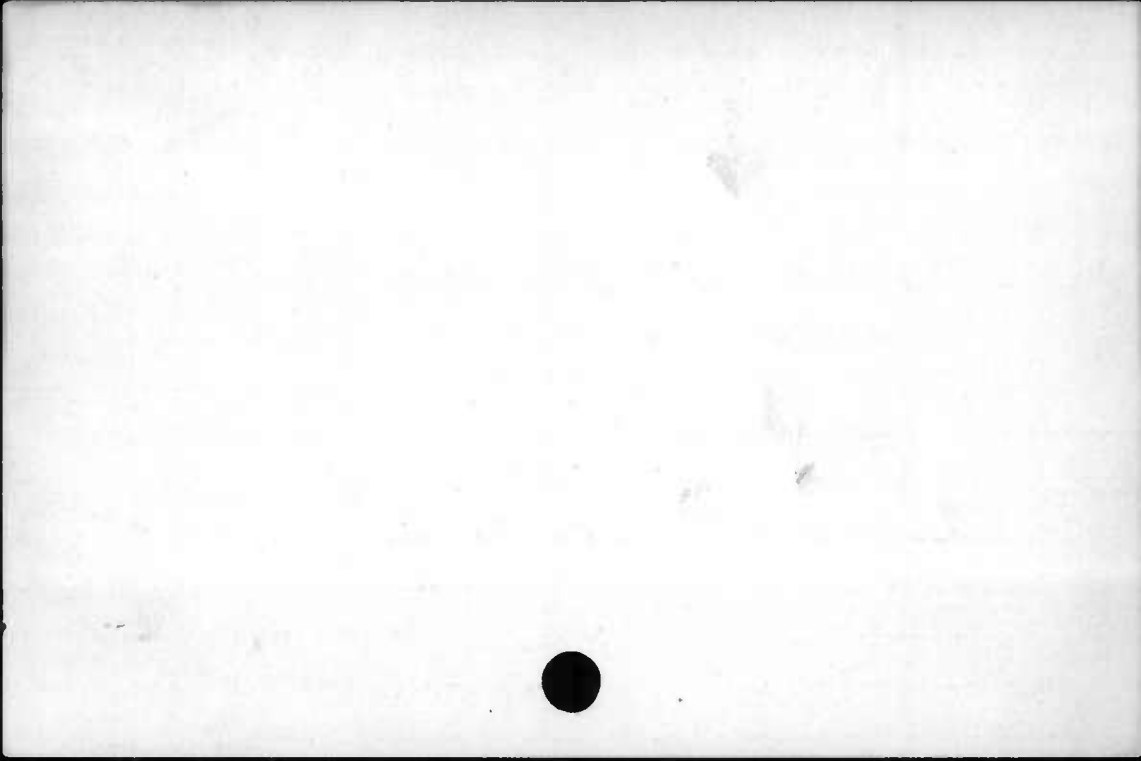
Name in Full		E Liza Jane Rhodes				No. 14	
						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>New Market</u> ^{Town}		<u>Tredavich</u> ^{County}		MARYLAND	
		Date of death 190 <u>6</u>		Month <u>March</u>		Day <u>25</u>	
		Age <u>7</u>		Years <u>8</u>		Months <u>11</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore, Md.</u>	
		Married, Single or Widowed <u>Widow</u>		Occupation			
		Name of Wife <u>Husband</u> <u>Harry E. Rhodes</u>					
		Father's Name <u>John Pience</u>		Father's Birthplace			
		Mother's Maiden Name <u>Catharine Davis</u>		Mother's Birthplace			
		Name of person giving information <u>John E. McCallan</u>		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Apoplexy</u>		<u>(64)</u>		How long	
		Immediate <u>Cerebral hemorrhage</u>		<u>Stroke</u>		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. Downey M.D.</u>			
				Address <u>New Market Md</u>			
		Accident or Suicide?					



Name in Full		Anna M. Rippen		No. 15,		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bartholows</i> <small>Town</small>			<i>Frederica</i> <small>County</small>			MARYLAND
	Date of death	<i>1906</i>	Month <i>Mar</i>	Day <i>8</i>	Age <i>65</i> <small>Years</small>	Months <i>4</i>	Days <i>10</i>
	Sex <i>Female</i>	Color or Race <i>white</i>			Birth-place <i>Maryland</i>		
	Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Hansow Rippen</i>					
	Father's Name <i>Michael Cookley</i>				Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Elisabeth Davis</i>				Mother's Birthplace <i>"</i>		
	Name of person giving information <i>Hansow Rippen</i>			How related to deceased <i>Husband</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Progressive Paralysis</i>			<i>(67)</i>		How long <i>4 weeks</i>	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>H. H. Hopkins Jr.,</i>			
				Address <i>New Market,</i>			
Accident or Suicide? <i>no.</i>			<i>Fred K. Co., Maryland.</i>				



Name in Full		Certificate of Death	
Carolinee V. Rollins		Died at <u>near Thurston Frederick</u> <u>Maryland</u>	
Date of death <u>1906</u> <u>Year</u> <u>18</u> <u>Age</u> <u>60</u>		Months <u> </u> Days <u> </u>	
Sex <u>Female</u> Color or Race <u>colored</u>		Birth-place <u> </u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u> </u>	
Married, Single or Widowed <u>Widowed</u> Name of Wife or Husband <u>Wm. Rollins</u>		Father's Name <u>Nelson Spruitt</u>	
Mother's Maiden Name <u>Jennie Smith</u>		Father's Birthplace <u> </u>	
Name of person giving information <u>Howard Rollins</u>		Mother's Birthplace <u> </u>	
		How related deceased <u>Son</u>	
CAUSES OF DEATH			
Primary Cause <u>Heart Disease</u>		How long <u>19</u> <u>years</u>	
Immediate Cause <u>Stroke</u>		How long <u> </u> <u>years</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. E. Thullin</u>	
		Address <u>212 E. 1st St.</u>	
Accident or Suicide?		<u> </u>	



Name
in
Full

Frederick Cornelius Oscar Sciss

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Graceham

Frederick

Date

Month

Day

Years

Months

Days

of death

1906

June

16

Age

72

Sex

Male

Color or
Race

White

Birth-
place

Frederick Co. Md.

Occupation

Retired Farmer.

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Margaret Scott

Father's
Name

Daniel Sciss

Father's
Birthplace

Frederick Co.

Mother's
Maiden Name

Barbara Hanker

Mother's
Birthplace

" "

Name of person giving
In formation

Daniel Sciss

How related
to deceased

Son.

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

120

2 yrs -

Immediate

Heart failure

How long

3 weeks -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

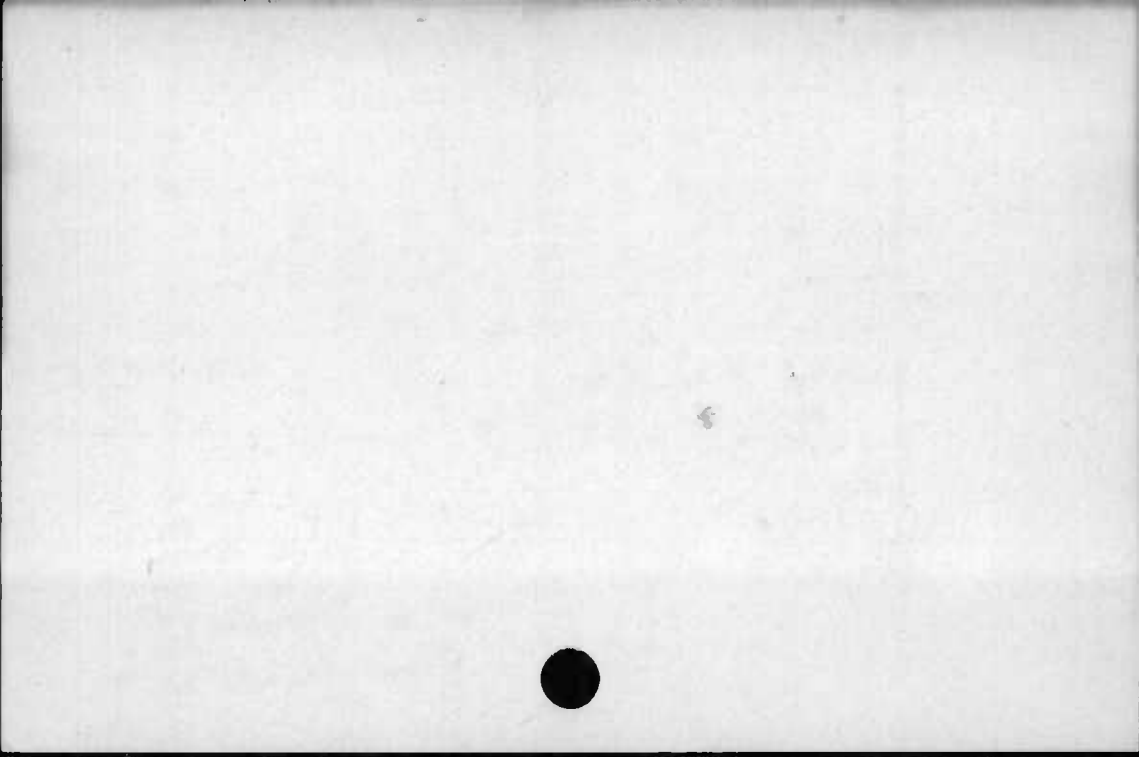
M. A. Biehl
Baltimore
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Schummel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Fredrick</i>		Town <i>"</i>		County <i>"</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>3</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Wh</i>		Birth-place <i>MD</i>			
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Fredrick Schummel</i>				Father's Birthplace <i>Germany</i>		
	Mother's Maiden Name <i>Ellen Haligan</i>				Mother's Birthplace <i>Ireland</i>		
PHYSICIAN OR CORONER	Name of person giving information <i>Frank Schummel</i>				How related to deceased <i>Father</i>		
	CAUSES OF DEATH						
	Primary <i>Still Birth</i>				How long <i>4 days</i>		
	Immediate <i>—</i>				How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Chas F. Gooden MD</i>		
				Address <i>—</i>			
Accident or Suicide? <i>—</i>							



Name
in
Full

Edna Henrietta Smith

CERTIFICATE OF DEATH

Died at ^{Near} WoodsbrowCounty ^{Frederick}

MARYLAND

Date of death 1906 March 13

Age ^{Years}

Months 4 Days 9

Sex ^{Female}Color or Race ^{White}Birth-place ^{Near} Woodsbrow Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James L. Smith

Father's
Birthplace^{Near} Woodsbrow Md.Mother's
Maiden Name

Orestia M.V. Baugher

Mother's
Birthplace

Utica Mills.

Name of person giving
Information

James L. Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

Aphthar

How long

About

Immediate

Spasms

How long

2 weeks
7 daysAre the name, age, sex, color, date
and place correctly given above?

Yes.

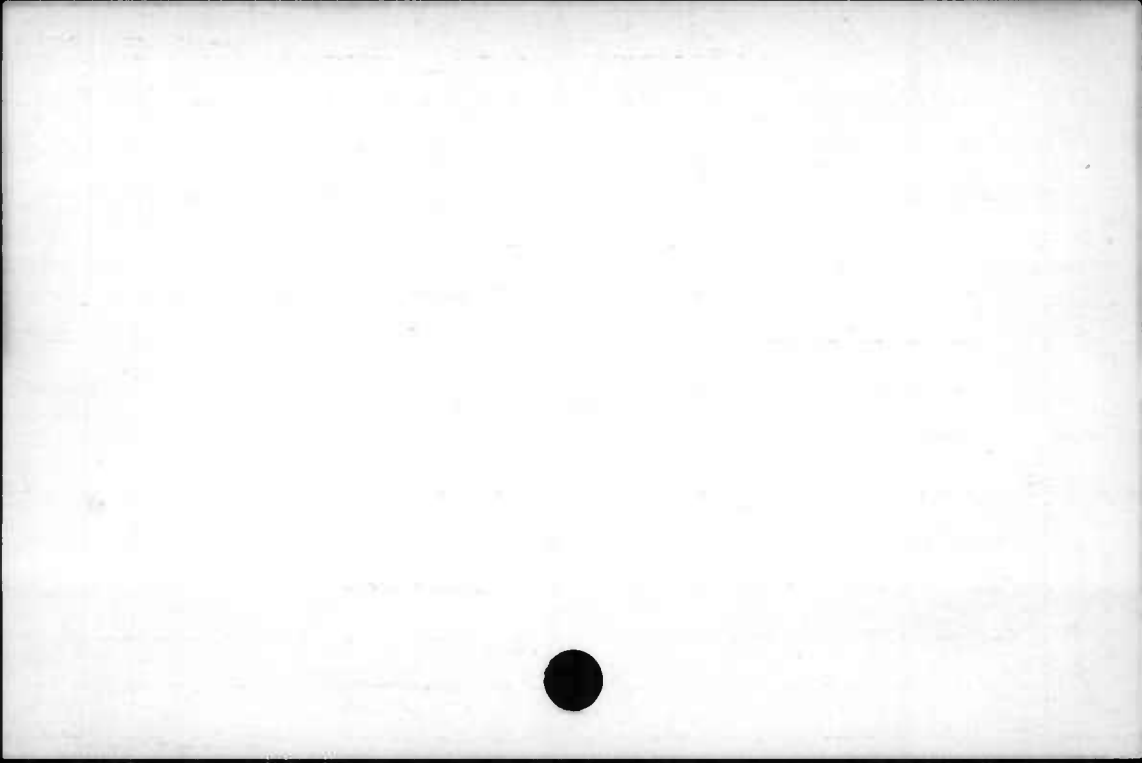
Signature of
Physician

Address

L. A. Stultz
Woodsbrow
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William H. Smith

CERTIFICATE OF DEATH

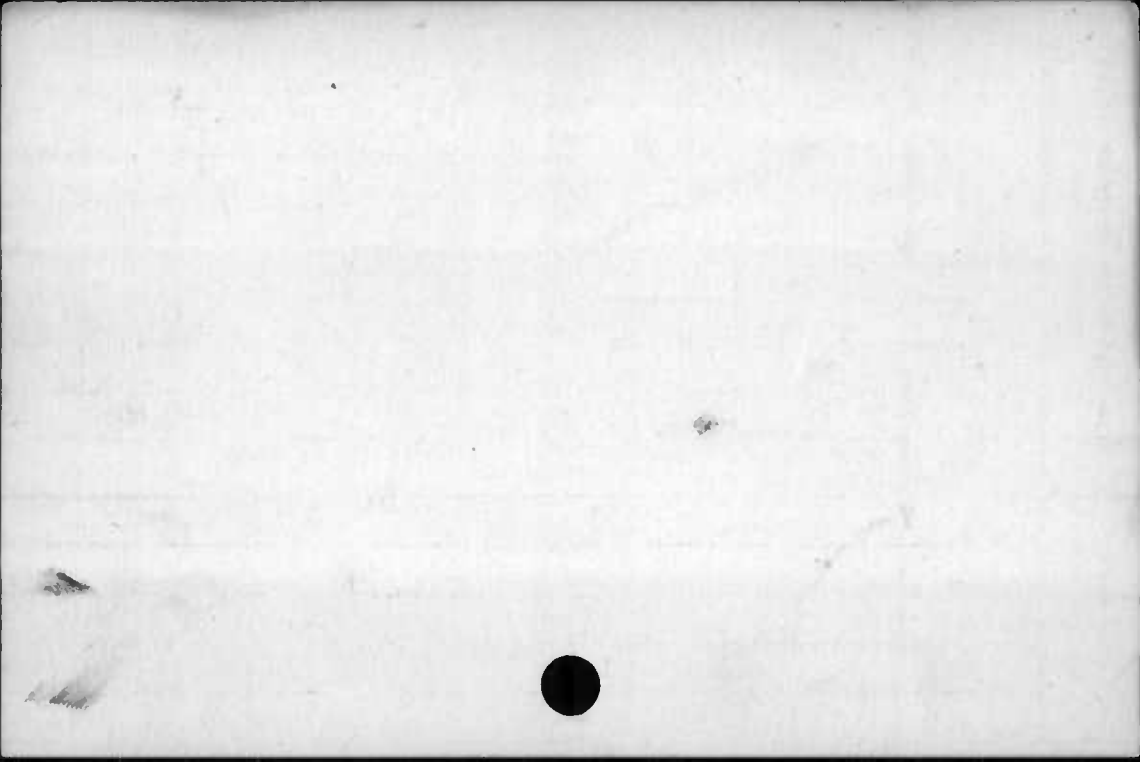
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Thurmont		County Frederick		MARYLAND	
Date of death		1906	Month mar	Day 12 th	Age 26	Months 7	Days 4
Sex male		Color or Race white		Birth- place Greensboro, Md.			
Occupation Brakeman on R.R.		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm. Smith		Father's Birthplace Fred. Co. Md.					
Mother's Maiden Name Catherine Harbaugh		Mother's Birthplace Fred. Co. Md.					
Name of person giving In formation W. L. H. Gentry		How related to deceased Brother-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 years
Immediate	Bronch - Pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. C. Keffner	
Address		Thurmont, Md.	
Accident or Suicide?			



Name
in
Full

V. H. Stallings

CERTIFICATE OF DEATH

MARYLAND

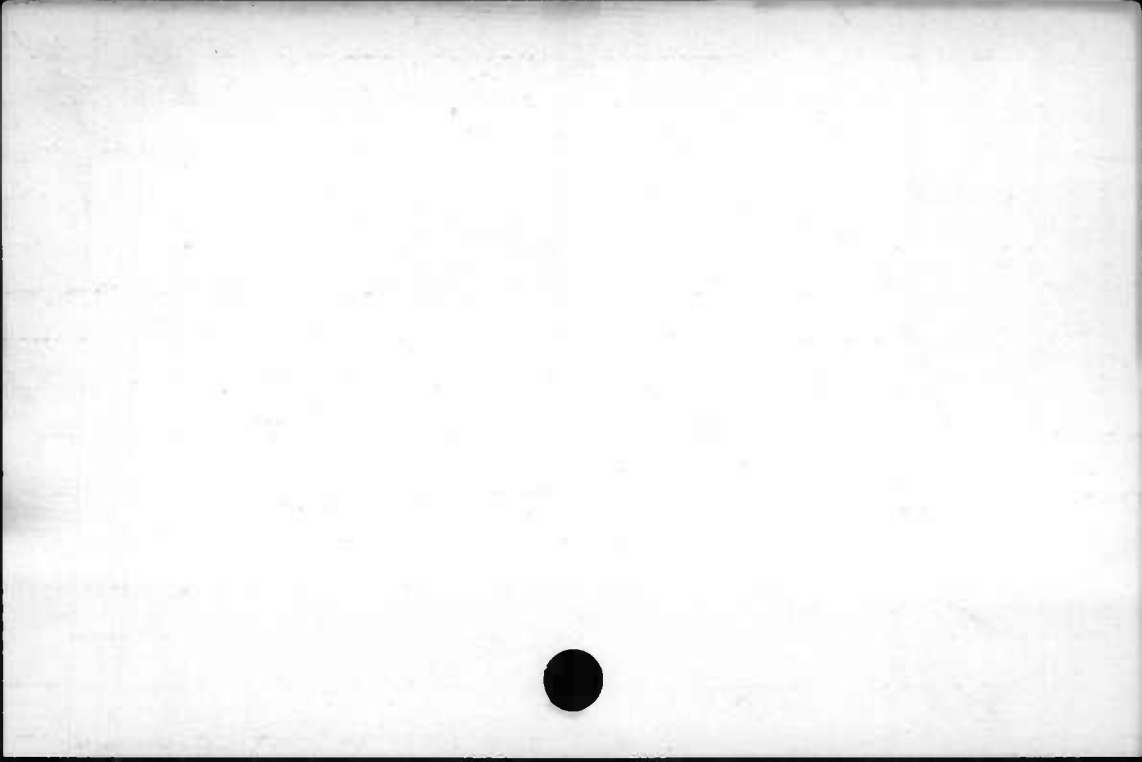
Died at ^{Town} Brunswick ^{County} P. D. RicksDate of death 1906 ^{Month} Mar ^{Day} 23 ^{Years} Age 22^{Months} ^{Days}Sex Male ^{Color or Race} white ^{Birth-place} Md^{Occupation} Laborer ^{Where Residing if not at place of death}^{Married, Single or Widowed} Single ^{Name of Wife or Husband}^{Father's Name} J. Oliver Stallings ^{Father's Birthplace} Md^{Mother's Maiden Name} Catherine Sugrue ^{Mother's Birthplace} Md^{Name of person giving In formation} Catherine Stallings ^{How related to deceased} mother

CAUSES OF DEATH

^{Primary} Typhoid Fever ^{How long} 4 weeks^{Immediate} Lobar Pneumonia ^{How long} 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician}^{Address}^{Accident or Suicide?} NoTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

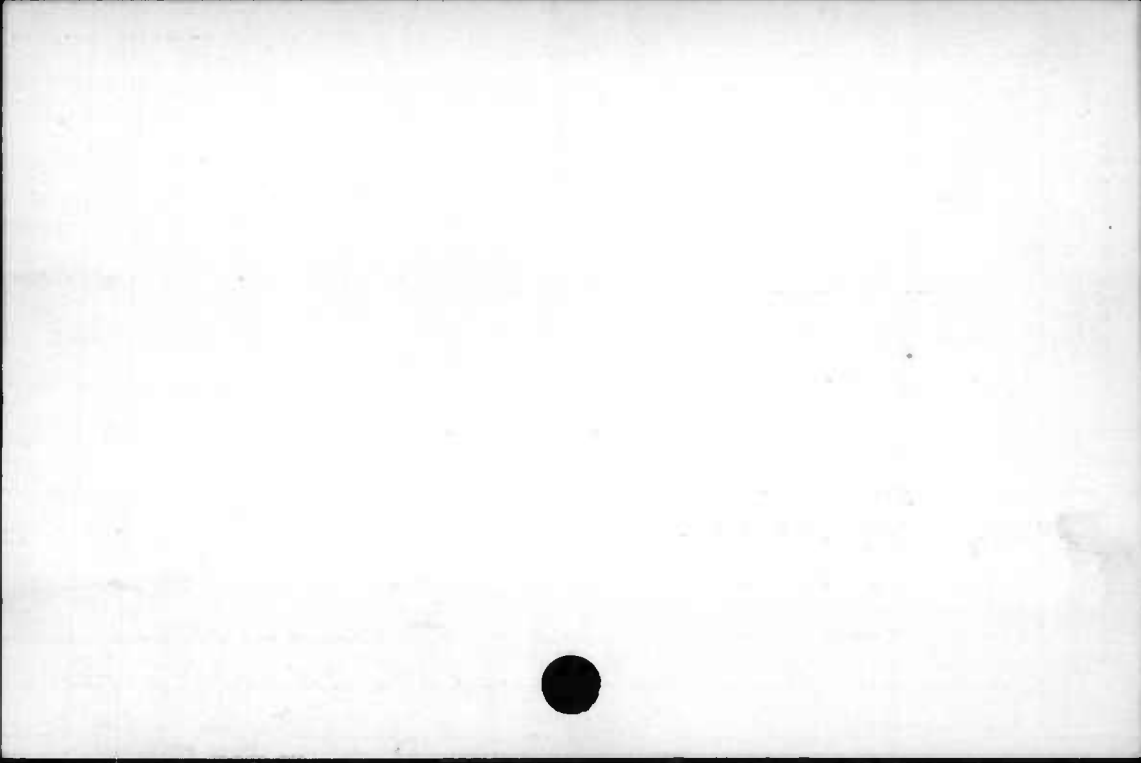
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND					
Date of death <i>1906</i>		Month <i>March</i>		Day <i>20</i>		Age <i>62</i>		Years <i>1</i>		Months <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>							
Occupation <i>Rent Collector</i>				Where Residing If not at place of death <i>303 W Patrick St.</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Bunt</i>									
Father's Name <i>David Staub</i>				Father's Birthplace <i>Frederick Co.</i>							
Mother's Maiden Name <i>Mary Wilhide</i>				Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Mary Bunt</i>				How related to deceased <i>Wife</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Angina Pectoris</i>		How long <i>5 minutes</i>	
Immediate <i>Syncope</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Salmer M.D.</i>	
		Address <i>13 E Church St</i>	
Accident or Suicide? <i>X</i>		<i>Frederick Md.</i>	



Name
in
Full

Charles W. Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	Month <u>3</u>	Day <u>28</u>	Age <u>56</u>	Months <u>1</u> Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>City</u>		
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan M. Ogle.</u>				
Father's Name <u>Henry A. Stone</u>	Father's Birthplace <u>Pa. Co. Md.</u>				
Mother's Maiden Name <u>Ann M. Brown</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>Mrs. Stone</u>	How related to deceased <u>Widow</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Intestinal Tuberculosis</u>	How long <u>3 years</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Sabner MD</u>
	Address <u>13 E Church St</u>
	<u>Frederick.</u>
Accident or Suicide? <u> </u>	



Name In Full

Certificate of Death

Alice Josephine Starnes

Died at *Emmitsburg*

Town

County

Fredricks

MARYLAND

Date 19 *06* *March* *29*

Month

Day

Age

Y.

M.

D.

Native of

Occupation

*4**America*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

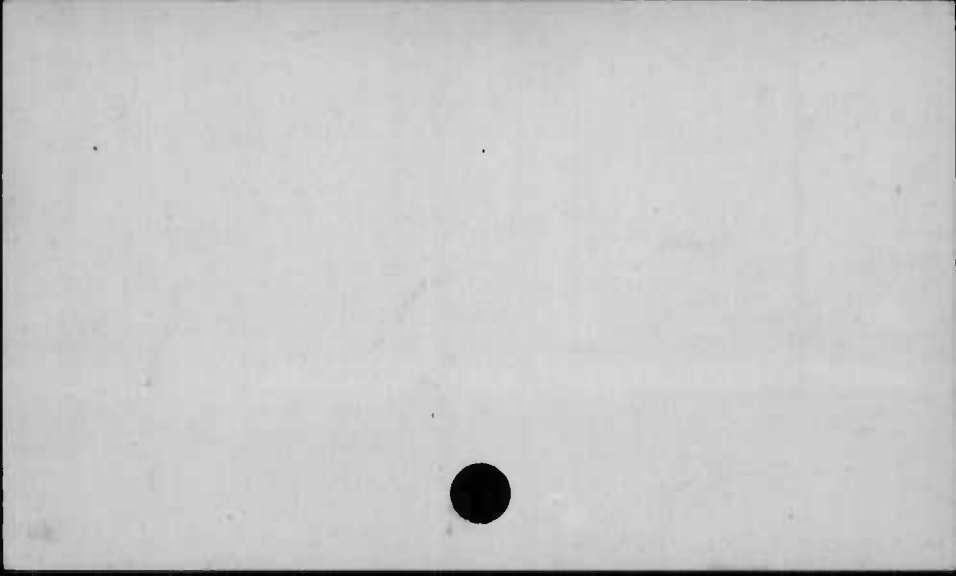
Number of children living

Husband
of
WifeFather's Name *Francis Sylvester Starnes* Mother's Maiden Name *Mary Catharine Florence*Cause of Death { Primary *Imperfect Respiration*
ImmediateHow long sick *4 days*

Accident, Suicide, Homicide

Reported by *J. N. Eickelberry M.D.*Address *Emmitsburg Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Town		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Thurmons</i>		<i>Stull</i>		MARYLAND		
		Date of death <i>1906</i>		Month <i>mar</i>	Day	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Freak Co</i>		
		Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>				
		Father's Name <i>Jos W Stull</i>		Father's Birthplace <i>Ind</i>				
		Mother's Maiden Name <i>Mary Ann Chapman</i>		Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Jos W Stull</i>		How related to deceased <i>Parent</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Atelactasis</i>		<i>150</i>		How long <i>3 days</i>		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Morris A Baily</i>				
				Address <i>Thurmons Ind.</i>				
		Accident or Suicide? <i>—</i>						



Name
in
Full

Eliza J. Thomas,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1906	Month March	Day 5	Years 78	Months —	Days —
Sex Female		Color or Race White		Birth- place Frederick Co.			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Widowed		Name of Wife or Husband		Chas E Thomas	
Father's Name		David Dutra				Father's Birthplace	
Mother's Maiden Name		Margaret Freeburger				Mother's Birthplace	
Name of person giving In formation		C C Carthy				How related to deceased	
						No Relation	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility.	(104)	How long	Gradual.
Immediate	Acute Indigestion		How long	36 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		J. M. Johnson.		
		Address		
		Frederick		
		Md.		
Accident or Suicide?				

Mr Oliver Lemgley

3/7 06

L. Harty.

Name
in
Full

Minkovitch

3/10/58

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at near ^{Town} Mt. RockCounty
Frederick

MARYLAND

Date
of death 1906 March 29Years
Age about 45

Months

Days

Sex
MaleColor or
Race BlackBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Lung Means

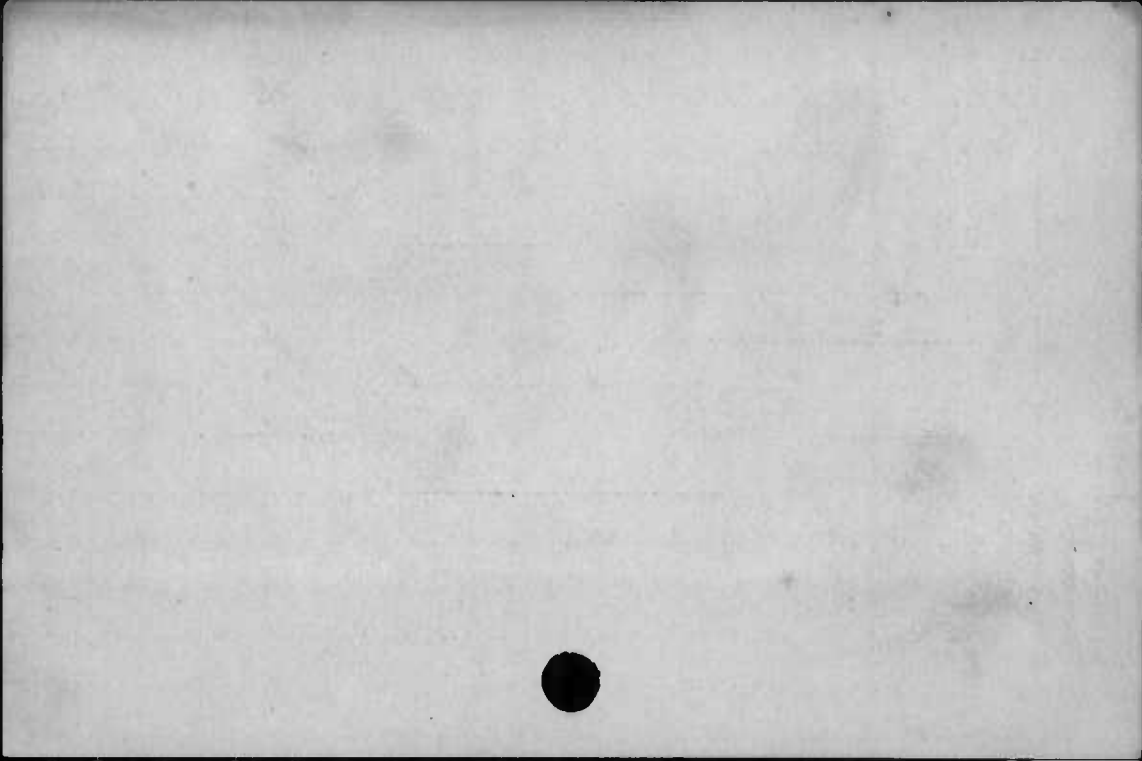
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

L. Bernstein, M.D., Acting Coroner
1001 P. Parkway
Frederick, Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Augustus Wagner

Died at ^{Town} Mt. St. Marys ^{County} Frederick MARYLAND

Date 19 ⁰⁶ 3-9 Age 67 Native of Pa Occupation wheelwright

Male White Married Widower Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Savilla Fernler

Father's Name Henry Wagner Mother's Maiden Name Catharine Adams

Cause of Primary Gastritis with complications How long sick 3 weeks

Death Immediate Cornea (104) Accident, Suicide, Homicide

Reported by Robert L. Arman M.D.

Address Lemmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

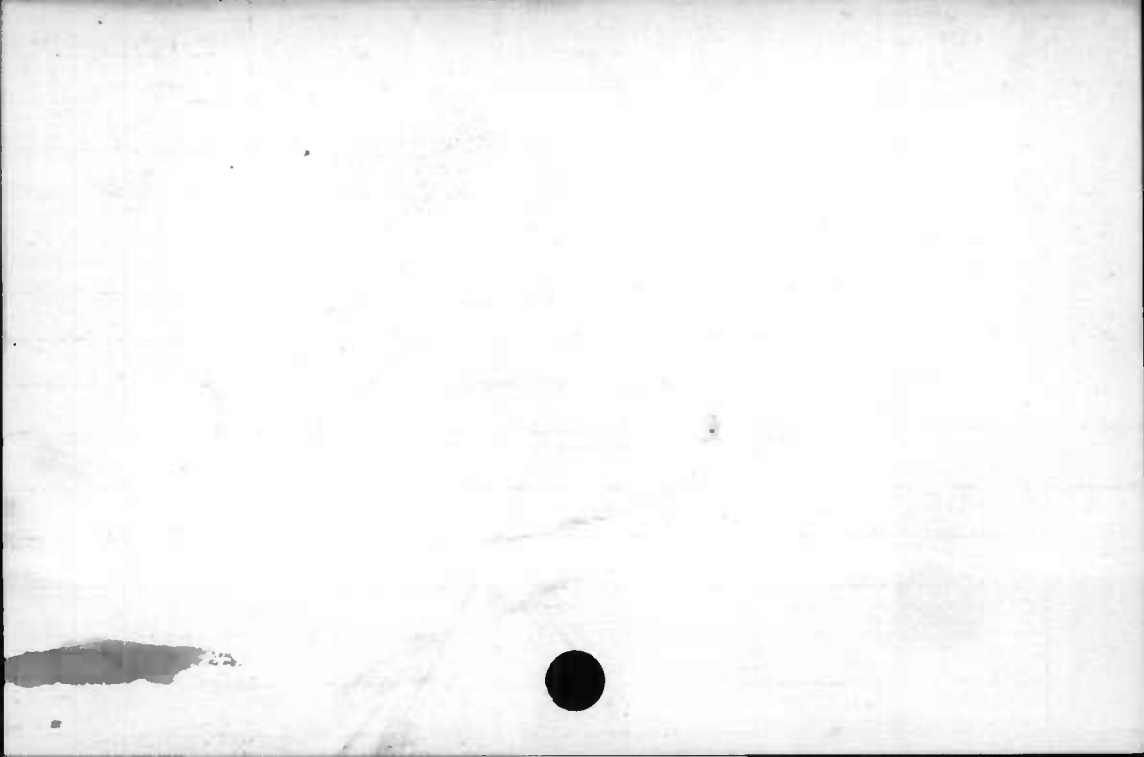
MARYLAND

Died at <u>Brunswick</u> <u>Ind</u>		Town		County	
Date of death	1906	Month	Mar	Day	24
		Years	18	Months	14
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Geo. Z. Watts			Father's Birthplace	Ad
Mother's Maiden Name	Mary E. Keller			Mother's Birthplace	Ad
Name of person giving information				How related to deceased	

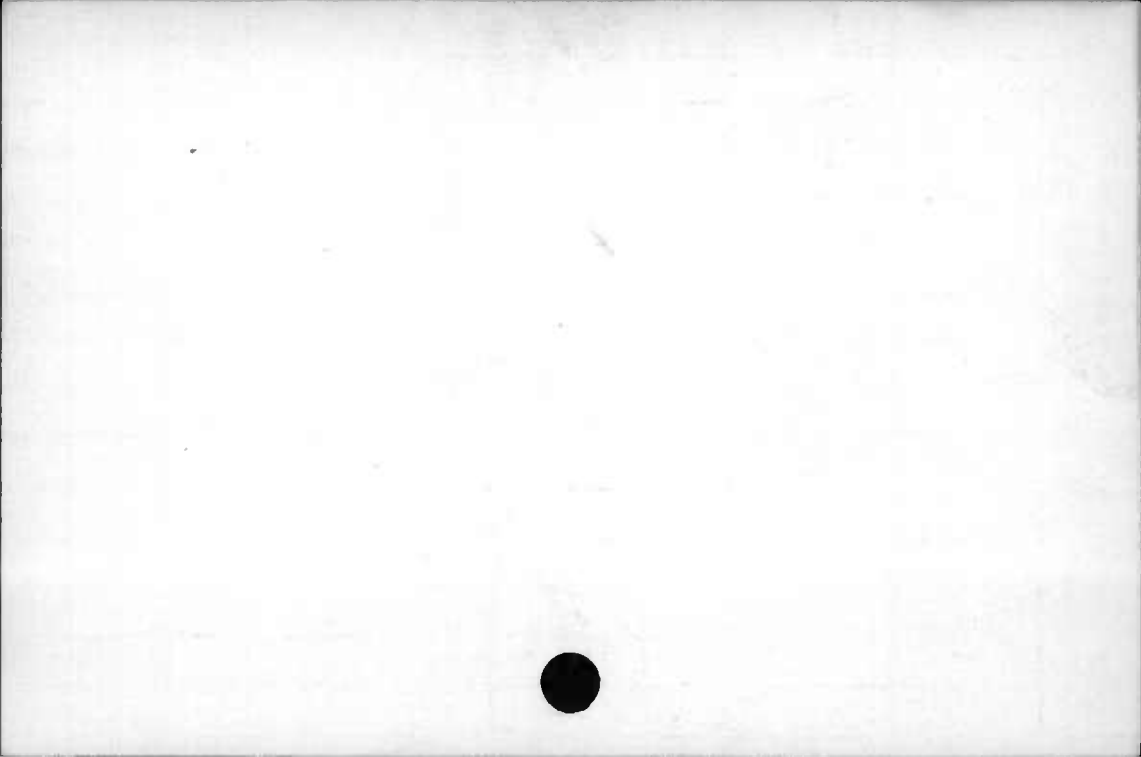
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	about 2 yrs
Immediate	Pneumonia	How long	about 1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. J. Schame, M.D.
		Address	Brunswick
Accident or Suicide?			



Name in Full		Hester Ann Hansel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Town</u> <i>Frederick</i>		County <i>Frederick</i>		MARYLAND		
	Date of death	<i>1906</i>	Month <i>March</i>	Day <i>31</i>	Age <i>86</i>	Months <i>7</i>	Days <i>13</i>
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Va</i>			
	Occupation			Where Residing if not at place of death <i>Same</i>			
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thomas Hansel</i>					
	Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>					
	Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>					
	Name of person giving information <i>Jane Hansel</i>	<i>154</i>			How related to deceased <i>Daughter</i>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>General Debility</i>		How long <i>6 Months</i>				
	Immediate <i>Exhaustion</i>		How long <i>1 "</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes as far as could be ascertained.</i>		Signature of Physician <i>L. U. S. Bourne</i>				
	Address <i>Frederick, Md</i>						
Accident or Suicide?							



Name
in
Full

Anna Barbara Weller

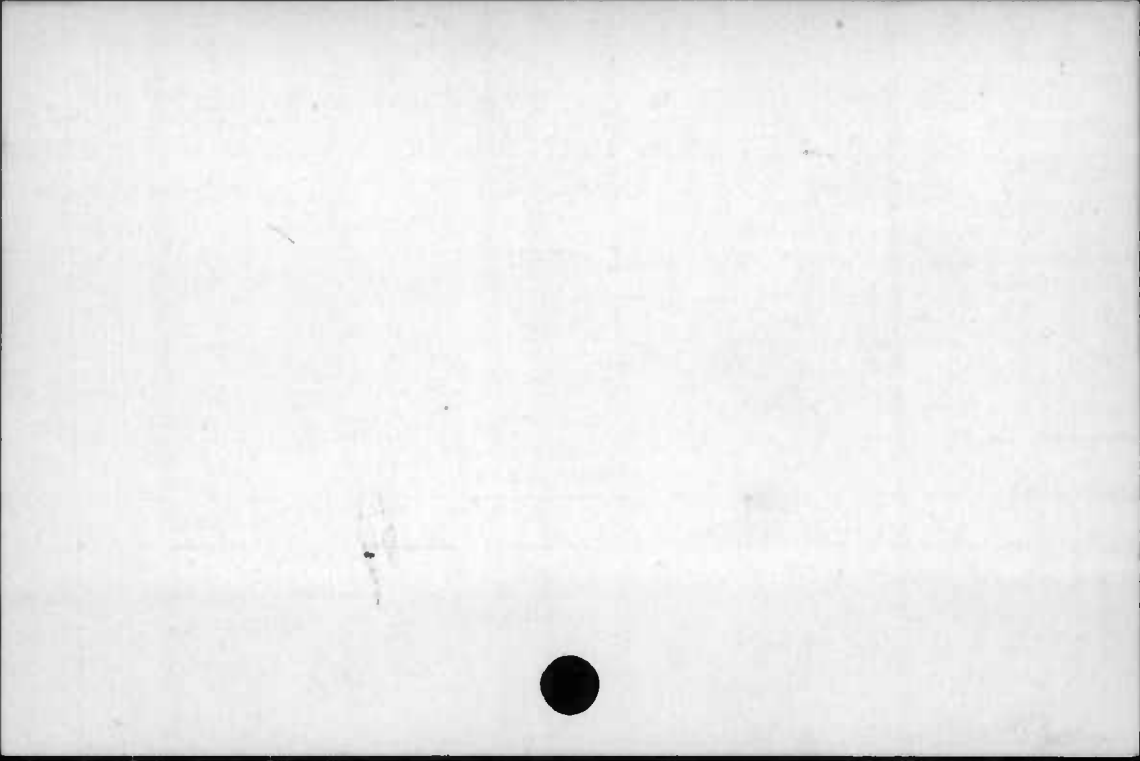
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

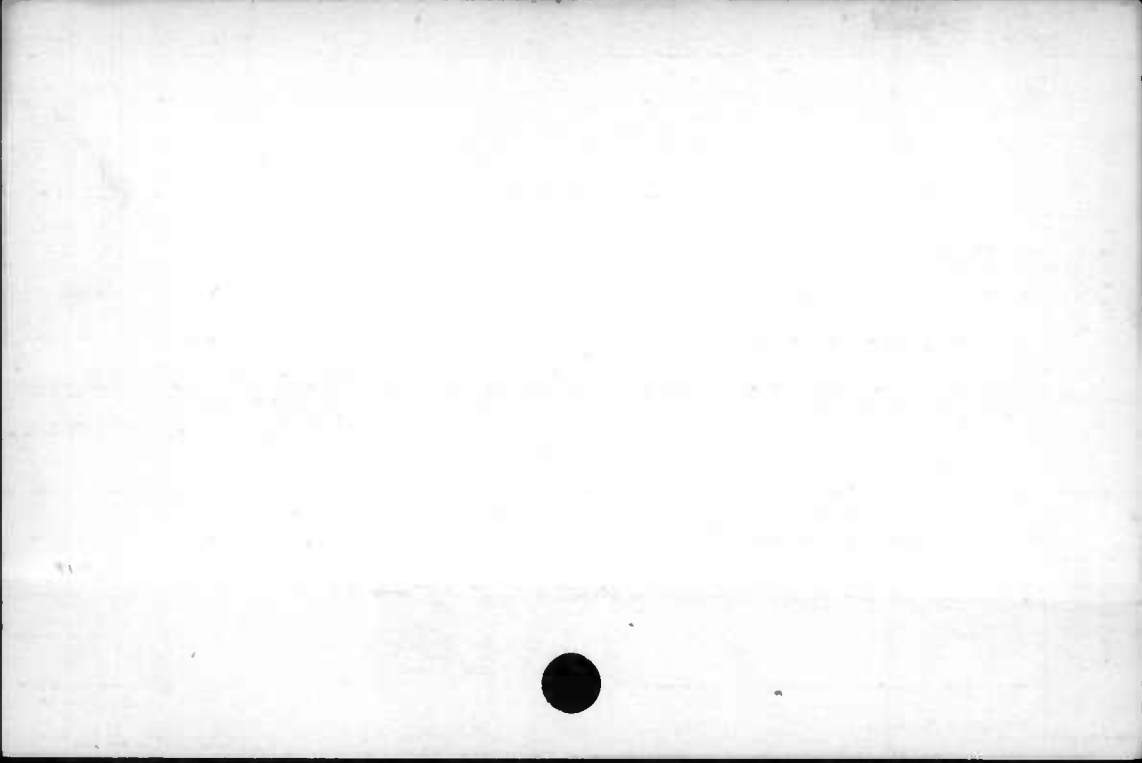
Died at		Thummont		Frederick		MARYLAND					
Date of death	1906	Month	3	Day	26	Years	71	Months	3	Days	20
Sex	Female		Color or Race	White		Birth- place	Md				
Occupation	Housewife				Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband		Simon Weller						
Father's Name	Joseph Brower					Father's Birthplace	Md				
Mother's Maiden Name	Elizabeth Danuth					Mother's Birthplace	Md				
Name of person giving In formation	Chas Weller					How related to deceased	Son				

CAUSES OF DEATH

Primary	Chronic Bright's	How long	2 1/2 yrs -
Immediate	Heart-failure	How long	6 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mornica Biel
		Address	Thummont
Accident or Suicide?			Md



Name in Full		Emma Catharine Williard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Sabillasville		^{County} Frederick		MARYLAND	
		Date of death 1906 3		Day 23		Age 36	
		Month		Years		Months 5	
		Days 12		Sex Female		Color or Race White	
		Birth-place Sabillasville		Occupation Housewife		Where Residing If not at place of death at place of death	
Married, Yes or No		Name of Wife Husband William H. Williard					
Father's Name Samuel Moonhead		Father's Birthplace					
Mother's Maiden Name Amanda Williard		Mother's Birthplace Frederick Co Md					
Name of person giving information Mr. H. Williard		How related to deceased Husband					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Childbirth		(140)		How long about 4 hours	
		Immediate Shock & Sudden heart failure				How long	
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. L. Wichter			
				Address Sabillasville			
		Accident or Suicide?				Maryland.	



Name in Full		Jacob Young				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Middletown	County Frederick		MARYLAND	
	Date of death	1906	Month Mar.	Day 28th	Age	Years 81	Months 3
	Sex male		Color or Race White		Birthplace Middletown		
	Occupation Retired farmer			Where Residing if not at place of death Middletown			
	Married, Single or Widowed		Name of Wife or Husband Charlotte E. Young				
	Father's Name Daniel Young			Father's Birthplace Middletown Md			
	Mother's Maiden Name Mary Magdalene Bowles			Mother's Birthplace Middletown Md			
Name of person giving information		Roy V. Hauser M.D.			How related to deceased None		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Heart & kidney disease			How long About 1 yr.	
	Immediate		Heart disease & dropsy			How long 3 mo's	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Roy V. Hauser M.D.		
					Address Middletown Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

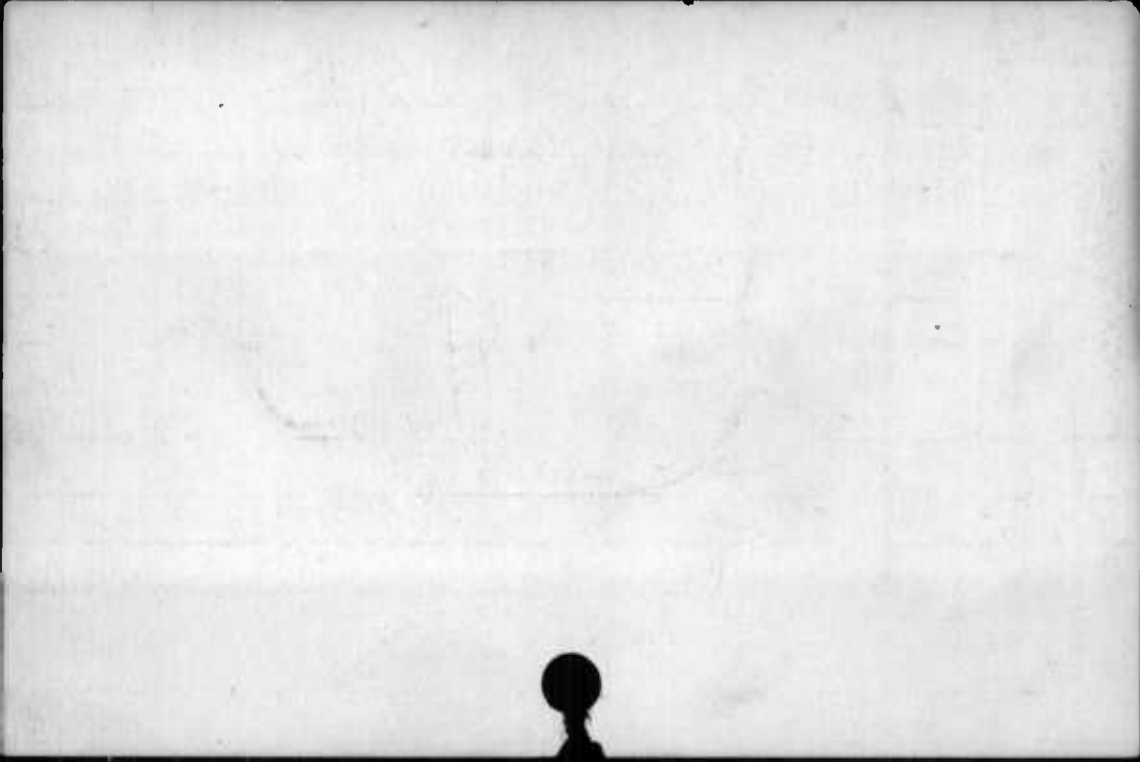
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thumant</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	1906	Month	March	Day	4
Age	71	Years	9	Months	5
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Abram S. Gutz		
Father's Name	Benj Biggs	Father's Birthplace	Ind		
Mother's Maiden Name		Mother's Birthplace	"		
Name of person giving information	Samuel Gutz	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Paralysis (Cerebral)	
1 day	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Morris A. Bieley
	Address
	Thumant
	Ind
Accident or Suicide?	



Name

in
Full

Remond F. Zimmerman

CERTIFICATE OF DEATH

Died at <i>near Indiana</i>		County <i>Indiana</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>March</i>	Day <i>2</i>	Age <i>25</i>	Months <i>11</i> Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indiana Co</i>		
Occupation <i> Clerk</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Chas. E. Zimmerman</i>			Father's Birthplace <i>Ind Co Ind</i>		
Mother's Maiden Name <i>Alouise E. Fleming</i>			Mother's Birthplace <i>Indiana Co Ind</i>		
Name of person giving information <i>Chas E. Zimmerman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Peripneumonia Tuberculosis</i>	How long <i>Four years</i>
Immediate <i>Aspiration</i>	How long <i>Prolonged</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Johnson
Indiana Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

